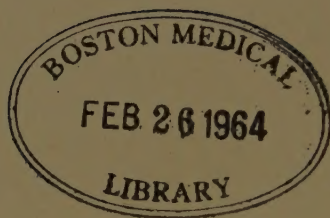


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# Commonwealth of Massachusetts



To all to whom these presents shall come, Greeting:

Know Ye, that We, by Our Governor, with the advice and consent of Our Council, confiding in the ability, discretion and integrity of

L. VERNON BRIGGS OF BOSTON

do hereby under the provisions of section one of chapter seven hundred and sixty-two of Our Legislative Acts of the year nineteen hundred and fourteen constitute and appoint him to be a member of the STATE BOARD OF INSANITY; to hold said trust for the term of Two Years, ending on the first day of August in the year nineteen hundred and sixteen, and until his successor shall have been appointed and qualified, unless sooner removed therefrom.



*David I. Walsh*

And we do Authorize and Enjoin him, the said

L. VERNON BRIGGS

to execute and perform all the Duties, and he is invested with all the powers and responsibilities, which, by Our Constitution and Laws, do or may pertain to the said office, so long as he shall hold the same by virtue of these Presents.

Witness, His Excellency, DAVID I. WALSH Our Governor, and Our Great Seal herunto affixed, at Boston, this seventh day of August, in the year of Our Lord one thousand nine hundred and fourteen, and of the Independence of the United States of America, the one hundred and thirty-ninth.

By His Excellency the Governor  
with the advice and consent of the Council.

*Frank J. Donahue*  
Secretary of the Commonwealth.



FIFTEEN MONTHS' SERVICE  
ON THE  
OLD SUPERVISORY  
STATE BOARD OF INSANITY  
IN  
MASSACHUSETTS  
1913-1914

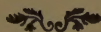
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*PRIVATELY PRINTED*

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L. VERNON BRIGGS

Author of "Occupation as a Substitute for Restraint in the Treatment of the Mentally Ill"; Collaborator in the "History of the Boston Psychopathic Hospital"; Author of "A Victory for Progress in Mental Medicine, Defeat of the Reactionaries"; Vice-President of the Massachusetts Psychiatric Society; Director of the National Committee for Mental Hygiene and of the Massachusetts Society for Mental Hygiene; Member of the Council of the American Psychiatric Association; Member of New England Society of Psychiatry, Société Médico-Psychologique of France, Société Clinique de Médecine Mentale of Paris, The Royal Medico-Psychological Association of Great Britain, etc.



BOSTON  
1928

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BOSTON  
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32 DERNE STREET

# **Dedicated**

TO THE MEMORY OF

BESSIE LUKANOFF

WHO GAVE HER LIFE IN HER STRUGGLE TO  
OBTAIN THE SAME HUMANE TREATMENT  
FOR THE MENTALLY ILL THAT  
IS ACCORDED THE REST OF  
SUFFERING HUMANITY





## INTRODUCTION

My motive for publishing this account of my experiences on the old unpaid State Board of Insanity is a desire to show those interested how limited were the accomplishments of a Board with only supervisory powers. Being unpaid, and therefore able to give to the work only such time as they might have to spare, the members did not wish the law changed to give them full responsibility and require their entire time, — which was none too little properly to handle a State department.

Under the law they were supposed to visit private hospitals regularly twice a year; for many years some of these hospitals were not visited at all by members of the Board. It did not seem to interest the Board that some of the hospitals under its supervision kept no records, and that in hospitals where records were kept there was no uniformity. Voluntary patients were not supervised in many of the private hospitals, for they were allowed to keep sane as well as insane patients on a voluntary basis. The Board allowed persons advanced in mental disease to sign all sorts of agreements and commitment papers, which were made an excuse for restraining them. The law prescribing records of restraint and seclusion was not kept in certain hospitals; and the State Board paid no attention to the breaking of this law. No supervision had been given or recommendation made as to the use of chemical restraint or to the abuse of drugs and alcohol, as the records which I shall produce in my next volume will show.

The investigation at the Worcester State Hospital was most important, and it is not too much to say that Miss Bessie Lukanoff sacrificed her position, and later her life, that conditions might be improved and abuses stopped. It is unfortunate that she did not live to see the result of her brave stand. In my account of this investigation I have used no names of nurses or patients excepting those given in the public press at that time.

The Hon. Calvin Coolidge was president of the Senate during the latter part of my service on the unpaid Board and the beginning of my service on the paid Board, and was most helpful in furthering laws in which I was interested; and our reports, as a Board, were addressed to him when we wished new legislation.

Martin Lomasney, of whom I have spoken in a previous volume, was always ready to give of his time and his influence for bills which would be a help to the unfortunate wards of the State. I never went to him with an appeal that he did not stop me before I had told him half of what I wanted to say, to tell me that he and all of his supporters would be back of me. Fifty years ago, when he was a boy, the North End was predominantly Irish; but today, when it is for the most part Jewish and Italian, he holds the confidence and support of the whole section as strongly as ever. He has always been a leader, a hard hitter, a fair fighter, generous, sympathetic and respected by all who come close enough really to know him. He has always known enough about generalship not to waste his ammunition in unimportant skirmishes, and has kept his heavy artillery in reserve for major

engagements. Even in organized labor matters he has never been a blind follower of the professional labor leaders; he has always taken the view that if a man was legally in this country and trying to bring up his family honestly no one had a right to deny him a chance to work in order to do it. He has never been defeated in an election. After giving his word in any matter he has never altered his course, whether on the losing or the winning side, from start to finish. I remember no more interesting moments than those I have spent in his little office at the Hendricks Club, listening to his stories of the many political fights he has had, always told with a delightful Irish sense of humor. When he exhausted his English vocabulary—which is extensive—he would continue his tale in the Gaelic language, which he speaks freely.

Up to the time that I became a member of the Board, it had been its policy to add to the present State hospitals new buildings or to enlarge the older buildings, in order to provide accommodations for the increase of patients each year, instead of completing each unit according to a definite plan. This soon necessitated increase in the power plants and laundries. The result of this policy was to keep the superintendents active with building operations, instead of allowing them to do medical work, of which their patients were in dire need. No hospital had been completed to a prescribed capacity. A hospital for 2,000 patients would be twice as large as I thought any hospital ought to be, but when it came to deciding upon a maximum capacity I was obliged to compromise with the opposition, and it has now been agreed that units shall not exceed 2,000 patients.

Inebriates and the mentally ill were confined together in the same hospital at Foxborough. Epileptics, tubercular patients, alcoholics and feeble-minded were promiscuously distributed throughout our State hospitals. The volume to follow this will contain an account of the reclassification of these cases. The conversion of the asylums, where our poor wards were buried alive, into receiving hospitals for acute cases, will be related in this volume.

To Governor Foss belongs the credit of being the first Governor of Massachusetts to take a stand against the conditions formerly existing in the care of the mentally ill. He had the courage of his convictions, and stood by me through thick and thin, both when I was putting certain progressive laws through the Legislature and when, after he had nominated me as a member of the Board, the private hospital men, some of the State hospital trustees and their friends attacked me most ruthlessly, declaring that I would do just what I finally did do, first with Governor Foss's support, afterwards with Governor Walsh's and later with Governor McCall's. To prevent my carrying out the measures to which they so strongly objected they maligned my character and even employed detectives in the attempt to find out something against me, and made other most cowardly attacks upon me — all of which came to naught.

In my next book I will show that we accomplished more in two years as a Board with full responsibility, than was accomplished by the unpaid Board with supervisory powers during its entire existence.



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# FIFTEEN MONTHS' SERVICE ON THE OLD SUPERVISORY STATE BOARD OF INSANITY

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## CHAPTER I

FIGHTING IN THE DARK. — THE MEDICAL CABAL SMOKED OUT. — OVER-  
WHELMING EVIDENCE OF ABUSE AT THE WORCESTER STATE HOS-  
PITAL. — APPARENTLY UNKNOWN BY THE TRUSTEES, THE  
SUPERINTENDENT OF THE HOSPITAL, OR EVEN BY  
THE SUPERINTENDENT OF NURSES

For some years I have been urged to write, first, about conditions which existed in the State Board of Insanity and the public and private hospitals for our mentally ill prior to my appointment on the Board; second, my plans for changing and improving many of these conditions; and third, what was accomplished while I was a member of the unpaid Board, and why I wished the old unpaid and purely advisory Board abolished and a paid Board created, who would be obliged to give their whole time to the work, and who would have authority to carry out their own recommendations.

I have at last yielded to this demand and the following pages will contain answers to the above questions.

I have been asked to also give a history of the present Board and the Metropolitan State Hospital, and how they came about, but this will have to wait, for an answer to the other questions is quite enough material for one volume. Later I will devote a volume to the creation of the present organization, which was the ideal I always hoped for, and for which when realized I felt I had done all that could be done with our pres-

ent knowledge for the care and treatment of these unfortunate sick people. I was then glad to retire after naming my successor and his Board, who, I am glad to say, still hold the reins.

I have told of the creation of the Boston Psychopathic Hospital in a volume published in 1922, which also contains the workings of that institution as told by physicians who have been an integral part of the said hospital from time to time. I have told of important and progressive legislation in a book entitled "Occupation as a Substitute for Restraint in the Treatment of the Mentally Ill," published in 1923. I have told of the bitter fight put up to prevent my appointment to the old Board of Insanity, instigated by some superintendents and owners of private hospitals for mentally ill which they conducted as commercial enterprises, in a volume entitled "A Victory for Progress in Mental Medicine — Defeat of Reactionaries — The History of an Intrigue," published in 1924; and these same proprietors of private sanitariums were, strangely enough, trustees of some of our State hospitals for the mentally ill.

I must say a word regarding the last volume that the reader may know what I had to fight against in the dark until my name came up for appointment on the old Board. It was then that I smoked out these double-faced persecutors and had a detective at some of their meetings who also followed the detective they employed to follow me. He put me on the telephone from time to time so I could listen to their plans to defeat me and in their desperation maligning my character. In my own brother-in-law, who was most friendly to my face, they found a ready ally, whose conversations over the

telephone maligning me and offering his influence to prevent my appointment I was fortunate enough to hear in the presence of two and sometimes three others who were also on the wire.

To see how well he would play the dual part I later had my attorney, Sherman L. Whipple, plan for a conference with him, asking for his help to defend my name. I expected he would be secretive, but after hearing him say on the telephone to my persecutors, "*This is confidential and I would say in strictest confidence that the protest against Dr. Briggs is perfectly justified. I feel the same way Dr. Hawes does. I say this in strict confidence because I am married into the same family,*" imagine our surprise to receive the following letter:

JOHN W. BARTOL, M.D.  
1 CHESTNUT STREET.

BOSTON, July 24, 1913.

DEAR VERNON: — I shall be glad to confer with Mr. Whipple at any time if I can be of service. It occurs to me that perhaps I should be better able to help if I were better posted as to the general situation, but probably he will give me details. As a matter of fact, I have heard only echoes of the trouble and do not even know except by random what persons are involved.

Shall I wait to hear from Mr. Whipple in regard to time and place of meeting?

Sincerely,

JOHN W. BARTOL.

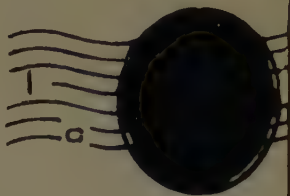
He certainly knew of Dr. Hawes' opposition and the nasty things he was saying. He was also asked on December 16, 1912, if he was going to a meeting on the 18th at Dr. Stedman's office, and we heard him say on the telephone: "*I shall be glad to attend a meeting which shall be held for the purpose of organizing some plan against Dr. Briggs' confirmation,*" and at the same time he acknowledged he knew about Dr. Brad-

ford's and Dr. Hugh Cabot's interest. Dr. Stedman, when asked if Dr. Bartol knew of their activities, and if he was against Dr. Briggs, said, "Thunder, yes — you bet he is, and so is another member of his family, Dr. Hugh Cabot."

I cite this instance to show how unfair my enemies were, and how for years I had to work in the dark against hidden foes who before my face pretended to be my staunch friends. Among others who either attended meetings in Dr. Stedman's office, or contributed money to be used to defeat me, or lent their influence against me were: Dr. Henry R. Stedman, proprietor of a private sanitarium and trustee of the Taunton State Hospital (his wife was also trustee of Monson State Hospital); Dr. George W. Gay, trustee of Wrentham State School for the Feeble-Minded; Dr. Walter Channing, proprietor of a private sanitarium and trustee of the Boston State and Psychopathic Hospitals; Dr. John B. Blake, trustee of Gardner State Hospital; Dr. Herbert B. Howard, chairman of the then State Board of Insanity, whom I was to succeed. He was also superintendent of the Massachusetts General Hospital. Then there was Dr. Philip Coombs Knapp, Dr. John B. Hawes, James J. Storrow, Dr. A. K. Stone, Lilla C. Perry, and others. When, after I was appointed, I asked Sherman L. Whipple, as my attorney, to ask an explanation of some of these men they all ran to cover or separate counsel so as not to be accused of conspiracy. Dr. Stedman employed Lawyer Herbert Parker; Dr. Gay employed A. E. Pillsbury; Dr. E. H. Bradford employed Alexander Whiteside; Dr. John G. Blake employed Nelson P. Vanderhoof; and various other attorneys were employed by those with







Simon Swig, Esq.,

618 Barristers Hall,

Boston, Mass.

WALTER CHANNING, M. D.

Cor Boylston Street and Chestnut Hill Avenue

BROOKLINE, MASS., Jan. 14, 1913.

Chas. H. W. Foster, Esq.,  
40 State St.,  
Boston, Mass.

My dear Mr. Foster:-

I take the liberty of writing you this letter at the request of Mr. Simon Swig who desires an introduction to you as a trustee of the Massachusetts General Hospital. I have met him recently at meetings held to forward the appointment of a new member of the State Board of Insanity. He was much interested in that matter and worked independently and efficiently.

Yours very truly,

*Walter Channing*

guilty consciences. This is only an outline of what is told in detail in "A Victory for Progress in Mental Medicine."

Dr. Walter Channing appeared to be a close friend of Mr. Simon Swig. I reproduce from the original a letter showing how Dr. Channing depended on Simon Swig.

I will close this subject in this book by quoting the following self-explanatory draft of a letter which brought forth denials and many apologies from those who were manly enough to acknowledge they had done wrong:

(ROUGH DRAFT)

MAY 9, 1913.

HON. HERBERT PARKER, *Barristers Hall, Boston, Mass.*

DEAR MR. PARKER:— I write in response to your suggestion that you would like to have me state what reparation I think would be satisfactory to Dr. Briggs at the hands of the physicians who, he claims, through their co-operation and organized efforts, have done unjust injury to his professional and personal reputation. I understand that your request implies no admission on your part as to any responsibility of your clients, but that, quite the contrary, your claim is that no harm has come to Dr. Briggs for which your clients are responsible.

In order to make clear my view as to what should be done, I will briefly review the more important features of the situation.

As I stated to you, Dr. Walter Channing appears to be the originator and chief instigator of the entire movement against Dr. Briggs. Some years ago, Dr. Briggs and Dr. Channing were firm and fast friends as well as professional associates. Dr. Briggs has exhibited to me letters from Dr. Channing showing relations of most cordial affection and confidence, and special gratefulness to Dr. Briggs for what Dr. Channing spoke of as almost inestimable service in the care of one of his sons. After their professional connection ceased, they used to meet almost weekly, dining alternately at each other's club on terms of most intimate personal friendship. Suddenly, in a very curt way, Dr. Channing terminated these friendly relations, for what cause Dr. Briggs has never yet been able to ascertain, although he has endeavored so to do through mutual friends.

Since that date, Dr. Channing has pursued Dr. Briggs with a most implacable personal enmity. At every turn of his career Dr. Briggs has discovered evidence of Dr. Channing's influential hostility.

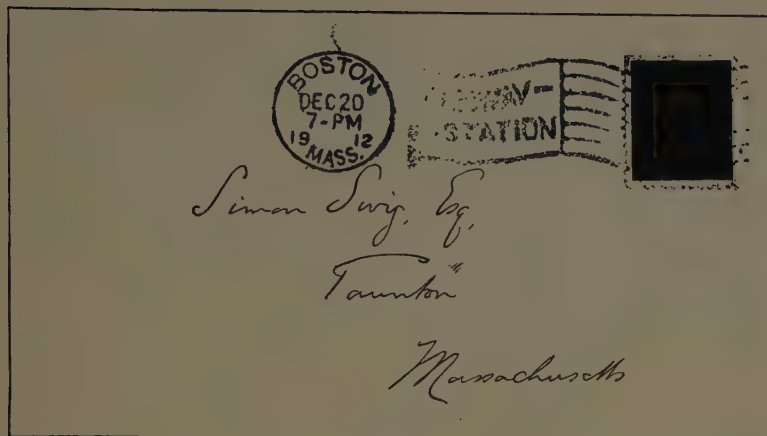
When Dr. Briggs was nominated to the State Board it appears that Dr.

Channing promptly set himself to the task of defeating the confirmation of the appointment. He was primarily responsible for the organization of physicians of whose activities Dr. Briggs complains. While, apparently, the underlying motive of Dr. Channing was personal hostility, the evidence is that he also feared that Dr. Briggs as a member of the State Board would be likely to effect reforms in the conduct of insane hospitals, both public and private, to which Dr. Channing himself was extremely averse. He stated this to several people in his efforts to interest them in opposition to Dr. Briggs. He enlisted the active support, in the first instance, of those having selfish interests likely, as were his own, to be affected by Dr. Briggs' activities as a member of the State Board. Accordingly, his cousin, Dr. Stedman, became the executive head of the organization. He seems to have been its spokesman (on a very extensive scale). Drs. Howard, Blake, and Gay, were actively interested. Others like Drs. George Shattuck and Knapp were more or less actively attached. The extent of their active participation, however, the evidence in my possession does not so definitely disclose as in the case of those earlier named. You will observe that these gentlemen are all connected with the management of institutions for the insane, either public or private, or both.

To the organization thus effected it was sought to add Dr. Bradford, whether for the prestige which the distinction of his name and position would give or so that there might be at least one member not connected with institutions for the insane, or whether for both these reasons, is not quite clear. His refusal to attend meetings and to be known publicly in the matter, together with his actual participation, are referred to in my letter to Mr. White-side of which I believe I sent you a copy.

The activities of the different gentlemen involved in this organization of course varied greatly in character and extent. The more active devoted a good deal of time to it. Others merely attended the meetings, gave counsel, heard reports, and apparently approved what was being done. There was a great deal of inter-communication by telephone between the times when meetings were held at Dr. Stedman's office. Arrangements were discussed and completed whereby, through different avenues and channels of influence, the Governor and different members of the Council might be reached and made to feel influences hostile to Dr. Briggs. Almost no one about the State House with supposed political influence escaped the importunities of some one of these gentlemen to exercise influence against Dr. Briggs' appointment or confirmation. The activities of the physicians were so far a public scandal on Beacon Hill that they were the subject of current remark as to the malignity, bitterness and unfairness of the attack upon Dr. Briggs.

In our conversation I pointed out to you a couple of articles in "Practical Politics" and one in "Truth" which, as I understand it, represented the knowledge of those frequenting the State House and their sentiments in regard to the matter. Governor Foss himself has said that for bitterness, malignity and scurrility of abuse, no case within his knowledge ever presented the phases of that which came under his observation in connection with Dr. Briggs' appointment. Members of the Council were buttonholed and consulted



THE CHARLES GATE  
BEACON STREET

Boston, 20 December, 1912

My dear Mr Surg,

I enclose a copy of the resolutions passed unanimously by the Boston Society of Psychiatry and Neurology at its meeting on November 21

The Society, which has been in existence over thirty years has a membership of about seventy, including all the leading specialists in nervous and mental diseases in Massachusetts, representing all the large <sup>general</sup> hospitals and all the state hospitals for the insane, except the homoeopathic hospital at Westborough. As a matter of fact I know that the homoeopathic specialists are also very strongly opposed to Dr Briggs and have taken action against his nomination

Yours very truly,  
Philip Counts Knapp

(SEE CHAPTER IX IN VOLUME "A VICTORY FOR PROGRESS IN MENTAL MEDICINE; THE HISTORY OF AN INTRIGUE")





at their homes, their places of business, the restaurants where they dined, on the street, in the corridors of the State House, or anywhere that they could be waylaid by these doctors or the agencies set in motion by them.

Something of the extent of the activities of these gentlemen may be inferred from the fact stated by one of the councillors to Dr. Briggs that on a single day he was called to the telephone about this matter as many as twenty-five times, — a substantial proportion of which calls were for conversation with your own client, Dr. Stedman.

The organization employed you as its counsel — very likely without knowledge on your part that your retainer covered more than Dr. Stedman alone. As you stated very frankly to me, it thus caused Mr. Rowley to be sent to Hancock for purposes of investigation, where, as I stated to you, Mr. Rowley evidently went further in the rôle of detective than you had intended.

The organization employed others as detectives for specific purposes of investigation, and had, as I stated to you, an authorized spokesman in more or less constant attendance upon the Council and Councillors, — a man who himself was a member of one of the State Boards. The different members of the organization, in almost exact concert, spoke in interviews with different persons in the most disparaging terms of Dr. Briggs' professional standing, reputation and ability. In such statements they would not only refer to their own information, but quote their associates as being of similar opinion. Disgusting and defamatory epithets, almost unbelievable as coming from gentlemen, were repeatedly uttered by different men of or connected with the organization. . . .

In the circulation and dissemination of these scandalous stories the names of different members of this organization were used as authority for the truth of the statements. There is evidence not only of the agents of the organization, but of members themselves, having been instrumental in the circulation of these stories. Dr. Bradford now disclaims having had anything to do with the matter, yet through his counsel he now admits that he interested himself to aid your client, Dr. Stedman, in looking up people who might be of aid in substantiating the particular scandal above referred to; although Dr. Bradford himself says that he does not now believe, and did not then believe, that there was the slightest foundation for the scandalous assertion.

You will note the significance of the statement by Dr. Bradford of his aid in giving currency and authority to a scandal which he now admits he thoroughly disbelieved and of which he says he believed at the time there was not the slightest foundation. No incident I think could illustrate better the desperate methods adopted by these gentlemen, than that a man in Dr. Bradford's position should stoop to aid in securing people to assert and affirm a scandal which he himself says he believed had no possible foundation. I believe the confession of Dr. Bradford as to the falsity of this scandalous invention will have to be the confession of every one of the doctors who, nevertheless, assisted in giving it currency throughout the community.

I have rehearsed these more striking features of the situation at this

length, because those of the organization like Dr. Bradford, who have taken a less active part in attendance upon meetings, interviewing of people, and circulation of slanders, say that the reparation which Dr. Briggs has a right to ask from them (if any) should be of quite a different character and extent from that he might properly ask from one more perniciously active in the dissemination of these defamatory scandals. It may be conceded Dr. Channing is the originator and chief instigator of the wrong which has been done. Nevertheless, all the members of the organization for selfish and personal reasons, or some other reason, have joined in the promotion of a harm to Dr. Briggs, his reputation and standing as a man and as a physician. The effect of the activities of the different members of the combination cannot be analyzed or determined. Neither the law nor common sense requires it. All who have participated in a quasi partnership or conspiracy, formed for such purpose, are liable not merely for their own activities, but for the activities of those with whom they have seen fit to combine for the accomplishment of a particular purpose.

Therefore, before the law, all these men are equally responsible for those acts which have been done in violation of Dr. Briggs' rights, and which have gone beyond the proper criticism of a candidate for public office, based upon the pure motives of public service, and not upon the selfish motives of private interests or personal hostility.

It therefore seems to me that Dr. Briggs must require that whatever reparation is done shall be done as the injury has been done, — by all these physicians in combination, attempting so far as may be to correct the wrong which they have done.

The question of what reparation can be afforded in place of that which the law gives, is, I agree with you, a difficult one.

In the first place, however, Dr. Briggs' vindication must be absolute and complete for all time. In the second place, there must be such a disclosure as to the sources of these scandalous and infamous lies regarding him as will make it impossible for such things again to arise from any such source. In the third place, the reparation must be of a public nature, addressed to His Excellency the Governor and the Council, but one which may be disseminated through the press so as, if possible, to reach every person to whom these stories have come.

My suggestion would be that a letter be prepared, addressed to Governor Foss and the Council, reciting that these scandalous stories — which may be referred to — were circulated in connection with their effort to prevent Dr. Briggs' appointment or confirmation; that upon careful investigation they are found to be absolutely without foundation; that in the heat of their campaign (if you please) derogatory and epithetical statements, insinuations, innuendoes have been made regarding Dr. Briggs' professional capacity which ought not to have been made and for which these gentlemen express regret and apology for themselves (if they have used them) or for their associates. . . .

Very truly yours,

SHERMAN L. WHIPPLE.

The lack of respect some of the trustees had for the Board of Insanity was shown both at the Worcester hearing and in the testimony of the Worcester chairman of the trustees before the Board of Economy and Efficiency. When we got power by reorganization great respect was shown. Many names are left out of the account of the Worcester hearing in deference to their families, only those being used which were published in the newspapers.

The fact that many nurses confessed to sheeting patients for years, and the superintendent of the hospital and the superintendent of nurses testified they had never heard of it, showed how necessary it was for the Board to step in and investigate. Today the Worcester State Hospital is one of the most progressive hospitals in the State. This change would not have been possible nor should we have had Dr. Bryan at its head but for the Worcester Hospital investigation and the reorganization of the State Board.

## CHAPTER II

REVIEW OF THE PREVIOUS WORK (BEFORE 1913) OF THE STATE BOARD OF  
INSANITY. — CONGRATULATORY LETTERS ON MY APPOINTMENT

State care of the insane and feeble-minded was established by law in Massachusetts in 1899, but the organization was not fully developed until 1908, when at last the old Boston Insane Hospital, sometimes called the Austin Farm, was purchased by the State and reorganized as the Boston State Hospital. Previous to 1899 the responsibility for the care of the mentally ill was divided between the State and the various cities and towns, and, although some of these smaller communities were more or less alive to their responsibility, there was no uniform standard of care and treatment, and in many localities little was done for these unfortunates beyond the merest custodial or almshouse care.

The importance of this undertaking by the State may be roughly indicated by statistics. After the Board of Insanity was appointed in 1898 there were 11 public institutions under its supervision with a total population of 6,815 patients; besides these, there were 900 so-called insane in city and county almshouses, and an average annual increase of about 400. Of the insane in institutions, about 20 per cent slept on temporary beds placed in corridors and day rooms. In 1912 there were 16,507 cases classed as insane, feeble-minded, epileptic or inebriate under supervision; their increase for the year was 815. The statistics of the year 1912 showed that 1 person in every 212 of the estimated

population of the State was under the supervision of the State Board of Insanity. In 1899 the expense for the maintenance of the institutions under the Board was \$1,133,981.17; in 1913 it had mounted to \$3,402,283.19, exclusive of the State Infirmary and State Farm (whose maintenance was under the State Board of Charity, though the Board of Insanity was responsible for the supervision of the mental patients in these institutions), — an increase of almost 200 per cent. In 1913 the State tax had risen to \$8,000,000, — of which amount, 42 per cent was expended for the maintenance of the insane and feeble-minded. Such figures as these illustrate forcibly the importance of strong preventive and curative measures to relieve this terrible burden of mental disease and deficiency.

The hospitals were still administered locally by Boards of Trustees, a system which has much to be said in its favor, but which had resulted in very unequal methods of care and treatment for patients in different parts of the State.

The Boards of Trustees appeared before the legislative committees on appropriations, each for their own hospital, and it was proverbial that the hospitals which had on their Boards men influential in politics were more successful in obtaining the desired appropriations than hospitals not so fortunate as to have on their Boards men of legislative influence. This resulted in a very uneven and unfair distribution of the amounts appropriated for the care of the mentally ill.

Some of these great hospitals, as, for instance, Danvers and Northampton, were, on the whole, admirably conducted, while others were still in process of conversion from the old-fashioned "asylums" — mere

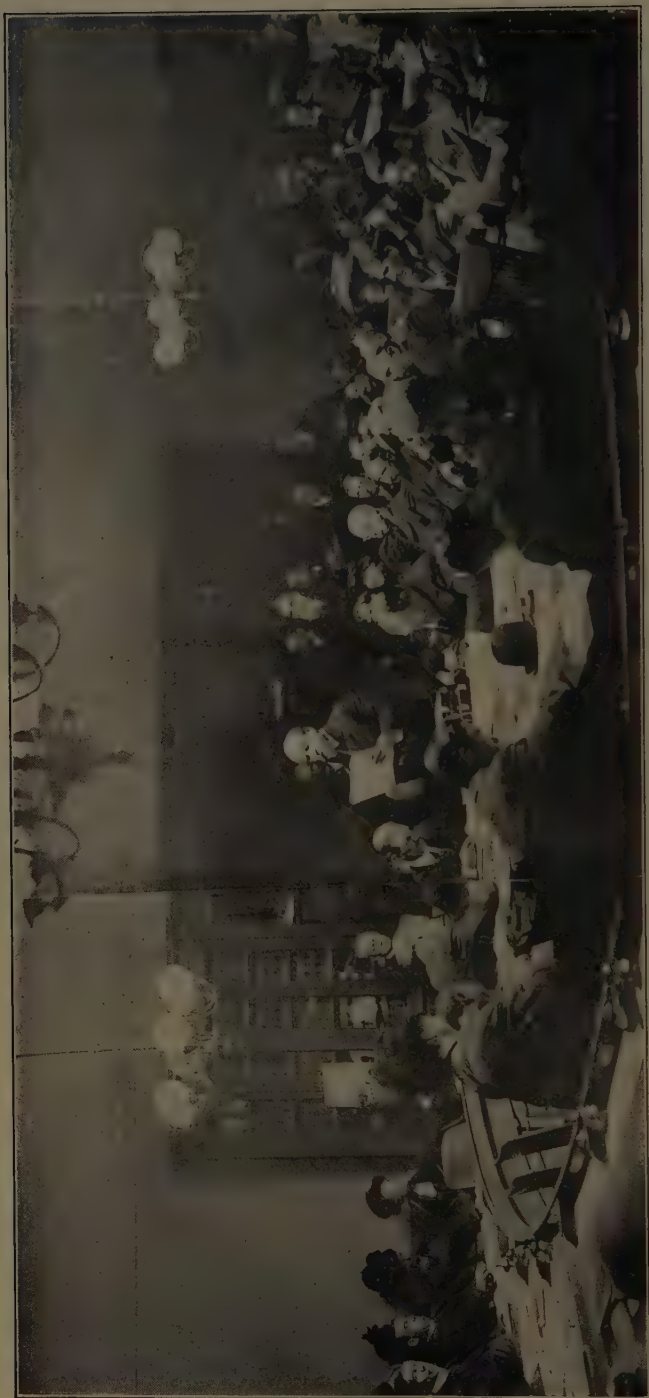


custodial institutions — to real mental hospitals. The average voter is so little educated in these matters that, though he appreciates fully the necessity of protecting himself and his family by segregating persons whom he considers a menace to the community, and of providing as cheaply as possible for those who must be public charges, he has not come to feel his responsibility to the present as well as to future generations for the prevention and cure of mental disease and the intelligent education of mental defectives. We shall never have adequate treatment for these unfortunate individuals until the average citizen learns to appreciate the enormous economy of human energy and intelligence, as well as the economy of dollars and cents, which may be effected by the scientific handling of this problem. Temporary economies in these measures only result in needlessly increasing future expenditures for the custodial care of wasted human lives.

After the establishment of State care until 1914, a year after my appointment to the State Board of Insanity, the Board consisted of five members appointed by the Governor, who served without compensation. They met officially twice a month, but most of them were busy professional men, and the actual work of the Board was done by a paid executive officer who was the only one in close touch with all the many problems of administration. He really directed the policy of the State in the conduct of its institutions for the care and treatment of mental disease and feeble-mindedness. For many years this position was held by Dr. Owen Copp, in many ways an able man, with excellent ideas as to the development of the work of his department, but unable to carry out many of the plans which he







L. VERNON BRIGGS

READING HIS ARGUMENT FOR SENATE BILL No. 142, CALLED THE "RESTRAINT BILL," BEFORE THE HOUSE AND SENATE JOINT COMMITTEE, STATE HOUSE, BOSTON, MASS., APRIL 11, 1911 (SEE VOLUME, "OCCUPATION *versus* RESTRAINT")

proposed and of which he wrote so convincingly, either through lack of administrative ability, of proper backing from his Board, or of actual power (other than advisory) to control the working of the institutions.

Still, progress had been made since 1899. I have already written of certain legislative measures for the betterment of the care of the State's charges suffering from mental disease and mental defect in which I was personally interested. These included the completion of State care by the taking over of the Boston Insane Hospital; the establishment of a Psychopathic Hospital; the "Temporary Care Act," providing that persons suffering from mental derangement, etc., who had formerly been confined in station houses and jails, like suspected criminals, pending their examination and commitment, should be taken directly to mental hospitals for observation and temporary care; a law providing for the regulation and practical abolishment of restraint and seclusion in mental hospitals, both public and private; and a law compelling the introduction of therapeutic occupation (as distinguished from the mere employment of useful patients) in these institutions. My prominence in advocating some of these improvements had made me very unpopular, especially with the owners of certain private hospitals, who found the use of restraint and seclusion profitable, and my appointment to the State Board of Insanity was sharply contested for over a year before I actually became a member on March 12, 1913. A history of these matters I have taken up at length in previous volumes.

At the time I went on the Board, Dr. Charles E. Thompson was executive officer, Dr. Copp having resigned. The senior member of the Board was Dr.

Michael J. O'Meara, and the other members were William F. Whittemore, Dr. Edward W. Taylor, Judge John Whiting Mason, a recent appointee, and myself.

The powers and duties of the Board are best summed up in the words of its Fifteenth Annual Report:

The Board has supervision of the institutions, public and private, for the insane, feeble-minded, epileptic, inebriates and drug habitués. It has the right of investigation and recommendation as to any matter relating thereto, but *the local administration of each State institution is under the control of its own Board of Trustees, appointed by the Governor and Council.*

The direct powers of the Board concern the inter-relations of the institutions, and matters which are common to them all, such as the distribution and transfer of patients between them, deportation of patients to other states and countries, claims to support, as state charges in institutions, etc. The Board is required to review and express its *opinion* of all estimates for appropriations, both those for maintenance and for special purposes, such as new buildings and improvements, and to approve the final plans and specifications for new buildings before their erection. The Board has the power to investigate the question of sanity and condition of any person restrained of his liberty by reason of alleged insanity, and to discharge any such person if, in its opinion, he is not insane, or can be cared for after such discharge without danger to others and with benefit to himself. It acts often as a board of appeal in the adjustment of differences and complaints.

The statutes relative to the establishment, duties and powers of the State Board of Insanity are to be found in chapter 504, sections 2 to 13, of the Acts of 1909.

A careful study of this summary and of the law from which it is made shows that, though the *influence* of the Board might be felt, both in the institutions and in the Legislature, it had no actual responsibility for the conduct of the various institutions under supervision, except in the matters of commitments and discharges. On the other hand, the responsibility of the trustees (also unpaid boards) for the purchase, construction, administration and control of their respective institutions was most important.

A large organization had sprung up at the State House. There were various departments within the

Board, some of them very well administered by permanent officials employed by the Board. A Finance Department had been created in June, 1906, to inquire into the financial methods of the institutions. This inquiry involved the questions of accounting and buying, methods of distribution of supplies, grades and qualities of merchandise obtained, prices paid for similar grades, and comparative consumption. It published and distributed to the institutions statistics and bulletins containing much valuable information and tending to more uniform standards of purchasing and distribution, as well as towards a closer co-operation between the institutions and the Auditor of the Commonwealth. There resulted regular monthly meetings of the stewards or purchasing agents of the various institutions for the comparison and discussion of their problems. There was also a Department of Standards, with a supervising chemist in charge of a laboratory equipped for the analysis of foods and other supplies purchased by the hospitals.

The Support Department of the Board sent out agents to visit the hospitals and take histories of all persons committed as public charges, to ascertain whether the patient had a legal claim upon the State. If he had no such claim it was their duty to determine where he did belong and refer the case to the Deportation Department for action. The financial condition of those entitled to remain in the institutions was investigated, and where it was possible for the patient or his relations to pay for part or all of his support, arrangements were made according to his means and the rate referred to the Board for their approval. It was also required that the Board should be notified of the ap-



pointment of guardians, and through this channel information was furnished which was of value to the Support Department.

The so-called Family Care Department, established in 1885, was another activity of the Board. It supervised the placing in private families of certain patients who did not need institutional care. These patients and the families in charge of them were regularly visited by visitors from the Board.

The Board was also *supposed* to have supervision of licensed private hospitals, of which there were in 1913, beside the McLean Hospital, 26 in the State. Regular visits by the Board were supposed to be made at least twice a year to such institutions, and scrutiny made of their methods of care, compliance with the laws, the provisions for the physical comfort and medical treatment of the patients, and the quality of service rendered for the class of patients treated. But once they had obtained a license, the Board had no real power over these institutions, and in many instances they were seldom visited.

The Board had a special officer whose duty it was to investigate all complaints and pleas from the institution inmates. Theoretically it was the desire of the Board that no plea should be disregarded, and that every patient should feel that his complaint or request had special attention. But it was, of course, impossible for the members of the Board, busy men who met twice a month, to discuss the many phases of this enormous problem or to give very much attention to individual cases. They were required by law to visit each institution under their supervision at least twice a year, but in this duty they also failed.



In 1909 a State Pathologist was appointed to stimulate and co-ordinate the laboratory work in all the hospitals where laboratories had been established. Dr. Elmer E. Southard was appointed to this position, but when he also became Director of the new Psychopathic Hospital he had comparatively little time to give to the work of State Pathologist, though no one could have been selected who was better qualified for the position. He was in touch with all the latest scientific work for mental cases, and his enthusiasm and initiative did much to encourage the younger physicians in scientific research. As State Pathologist he not only visited the various hospitals where his services were required, but he maintained a special laboratory for State work at the Psychopathic Hospital.

As will be seen, the real work of the State Board of Insanity had been directed almost exclusively to the establishment of efficient and humane standards of *custodial* care. Although some members of the Board took much interest in questions relating to progressive measures, little was done officially by the Board to advance the medical treatment of patients in the State hospitals, except by the appointment of a State Pathologist, and this branch of the work was left entirely to the discretion of the superintendents and trustees. The Board published statistics, and they were gradually carrying out the policy of State care; but the hospitals and asylums remained individually independent, though for years the Board had held semi-annual conferences (as provided for by the law) with the superintendents and trustees of the institutions, where questions common to all of them were discussed and newer methods suggested.

In compliance with the bill which I had drawn up and engineered through the Legislature in 1911, with little co-operation from the Board and actual opposition from some of its members, a "Supervisor of Industries" had been appointed for the special purpose of introducing into the various State hospitals the idea of occupational therapy. A very able woman, Dr. Mary Lawson Neff, was appointed to this position in 1912. She visited the various hospitals, teaching the nurses handicrafts which might be developed for the good of the patients. An interesting exhibit of the work of patients in various hospitals was held and was largely attended, and there was a conference on occupational therapy in November, 1912; but Dr. Neff resigned in February, 1913, feeling that she had insufficient support either from the Board or from the hospitals. I have already published her report in my book "Occupation Versus Restraint." In spite of Dr. Neff's dissatisfaction with the immediate results of her work, much was really accomplished in this year. When the war broke out, the idea of occupational therapy was already developed in our hospitals for mental cases, and it spread rapidly to general hospitals and resulted in the development of special training for occupational therapists and in the education of the medical profession and the public as to the importance of this branch of treatment, so that now no mental hospital worthy of the name is without its department of occupational therapy, with one or more specialists in charge.

Although the Board had frequently discussed the question of nursing and had held conferences on "Means of Promoting the Efficiency of the Nursing Service,"

"Women Nurses on Wards for Insane Men," "Precautions against Ill-treatment of Patients in Institutions," "What should be the Policy with Regard to Hours of Work of Nurses, Attendants and General Employees; Increase of their Wages; Provision for Married Persons and their Families?" "Training Schools for Nurses," etc., it had been able to do little or nothing toward establishing suitable training, and such training as was given was a matter at the discretion of the individual hospitals.

I have thus briefly summarized some of the activities of the Board of Insanity in contrast with its powers and duties, to show how impossible it was for the members of the Board, in such time as most of them were able to devote to the subject, to have any real grasp of the situation. Even the executive officer must necessarily be so fully occupied with routine duties of his office as to have little time to devote to the formation of progressive policies. Being greatly interested in the development of the scientific care and treatment of the mentally ill, I made up my mind when I was appointed to the Board to give all my time, if need be, and get to the bottom of the various problems which the State had to face in this very important department of her work.

In a previous volume, privately printed,<sup>1</sup> I have described the long fight against my appointment to the Board by a medical cabal, consisting mainly of proprietors of private hospitals for mental cases, and later of such of their friends whom they were able to enlist in their opposition, and in the spring of 1913 the re-

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<sup>1</sup> See "A Victory for Progress in Mental Medicine."

sults of their persecution were being made manifest in my private affairs, though I had so far overcome their calumnies that my appointment had been unanimously confirmed by the Governor's Council.

Dr. Adolf Meyer, whose advice I had found so helpful in my work for the State, and who had taken a friendly interest in the contest, wrote me a personal letter from Baltimore on April 26, 1913, in which he said:

Your situation is certainly startling. All that I see ahead is the possibility of getting the allegations traced to their sources and to require a statement concerning their origin from some court of honor. It is of course important that the whole net is drawn in before this is done, so that nobody can hide behind the other. In the meantime, no move which would be an acceptance of their "bribes."

Later, Dr. Meyer wrote from Zurich, Switzerland, on September 3, 1913:

MY DEAR DR. BRIGGS: — Your kind invitation found us on our return to Zurich a few days ago. . . . We expect to reach N. Y. on the "Kronprinz Wilhelm" (N. G. L.) Sept. 23, 1913, and shall have to delve into work immediately.

I hope things have reached a point where you can work to advantage in your field, and where the intrigues have exhausted themselves. I shall certainly be glad to hear of the status of things.

With best wishes and thanks and regrets that we were too far away to accept your invitation, I remain,

Very truly yours,

ADOLF MEYER.

Dr. Henry J. Berkley, Professor of Psychiatry, Johns Hopkins University, and later Commissioner of the Board of Mental Hygiene, State of Maryland, who has been ever my good friend, wrote me from Baltimore, on April 25, a long personal letter, concluding:

I had quite a long talk with Dr. J. P. Putnam a few nights ago. As the Doctor is old and conservative, it may please you to know that he thinks you have been very badly treated by the set of men who are running private institutions in the State, and that they have all the time been back of the move-

# Commonwealth of Massachusetts

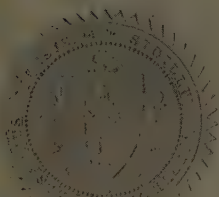


To all to whom these presents shall come, Greeting:

*Know Ye, that We, by Our Governor, with the advice and consent of Our Council, confiding in the ability, discretion and integrity of*

L. VERNON BRIGGS OF BOSTON

*do hereby under the provisions of section two of chapter five hundred and four of Our Legislative Acts of the year nineteen hundred and nine, constitute and appoint him to be a member of the STATE BOARD OF INSANITY; to hold said trust for the term of Five Years from the date hereof, and until his successor shall have been appointed and qualified, unless sooner removed therefrom.*



*Eugene N. Foss*

*And we do Authorize and Enjoin him, the said*

L. VERNON BRIGGS

*to execute and perform all the Duties, and he is invested with all the powers and responsibilities, which, by Our Constitution and Laws, do or may pertain to the said office, so long as he shall hold the same by virtue of these Presents.*

*Witness, His Excellency, — EUGENE N. FOSS — Our*

*Governor, and Our Great Seal hereunto affixed, at Boston, this twentieth day of March ———, in the year of Our Lord one thousand nine hundred and thirteen, and of the Independence of the United States of America, the one hundred and thirty-seventh.*

*By His Excellency the Governor  
with the advice and consent of the Council.*

*Frank J. Donahue*

*Secretary of the Commonwealth.*







ment against you; and all of it has been an outcome of the bill against restraint. I am quite sure you will win out in the end, but certainly the affair has been most disagreeable, to say nothing of the loss of time and the expense. . . .

I had also friends in Great Britain whose letters were a great support to me at that time, such as the following from Dr. John Macpherson, President of the General Board of Lunacy for Scotland:

GENERAL BOARD OF LUNACY  
SCOTLAND

20TH AUGUST, 1913.

DEAR DR. BRIGGS: — Accept my warmest congratulations on your appointment. I have no hesitation in believing that your appointment will be for the best interests of the mentally afflicted and beneficial to the State.

We have just got our Bill through, and it is now an Act. What the result will be we are unable to foresee, but we believe it will all be for good. We are at present regarding with some trepidation the enormous amount of preliminary work involved in getting the Act into working order. We have not yet received the final draft. When we do so, in the course of the next few days, I shall send you a copy. It interests me to know that you believe it may be helpful in promoting your legislation.

I had expected to hear of you being at the London Congress, but I suppose you are too busy with your new duties to get away. There was an enormous concourse of medical men from all parts of the habitable globe, and the United States were largely and brilliantly represented.

With our united regards to Mrs. Briggs and yourself, believe me,

Yours very sincerely,

JOHN MACPHERSON.

Dr. W. B. Cornell, executive secretary of the Maryland Mental Hygiene Committee, had written me a very cordial letter on May 8. Most of it is concerned with affairs in Maryland, but I give the opening and concluding paragraphs:

MY DEAR DR. BRIGGS: — I greatly appreciate your very kind letter of some days ago and want to congratulate you on your appointment, long deserved, to the State Board of Insanity. I saw a little notice of it in the Journal of the A. M. A., and I would have written you then, had I not expected you down to the opening of the Phipps. . . .

## SERVICE ON UNPAID

I wish you the best of success in your new work, and hope you will favor me with a line or two whenever the spirit moves you. I am, with best regards,

Sincerely yours,  
W. BURGESS CORNELL.

My friend Dr. Vincent Y. Bowditch sent me a letter in regard to a former patient of mine which he had received from Dr. Henry Jackson, which is of interest because he was one of the physicians who had actively opposed my appointment. The letter was dated June 30, 1913, and in it he said:

I can not express to you sufficiently my appreciation of Dr. Briggs' skill in handling the patient's diet. He first gave him coffee, and then a good quiet sleep followed; now I call that a thorough appreciation of the needs of a sick man.

Later in the year I had the following letter from Dr. W. L. Russell, with whom I always kept in touch:

OFFICE OF MEDICAL SUPERINTENDENT  
BLOOMINGDALE HOSPITAL,  
WHITE PLAINS, N. Y., October 9, 1913.

Dr. L. VERNON BRIGGS, 208 *Beacon Street, Boston, Mass.*

DEAR DR. BRIGGS: — I am very glad to see from the enclosures that you were kind enough to send me, that medical and humanitarian considerations are having such a distinct place in your plans for the improvement of the Massachusetts service. I shall be very glad indeed to be of any aid to you within my power.

Be sure and come up and see me when you are next in New York. With all good wishes,

Yours sincerely,  
W. L. RUSSELL,  
*Medical Superintendent.*

The well-known artist, Mr. Charles H. Woodbury, was also a good friend of mine. I quote the following letter as showing that in some instances the laity were as interested as professional psychiatrists in experimental investigation:



THE  
COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF  
THE LIEUTENANT GOVERNOR  
STATE HOUSE, BOSTON

Fitchburg, March 13, 1913.

Dr. L. Vernon Briggs,  
Boston, Mass.

Dear Doctor Briggs,-

I congratulate you upon  
your confirmation yesterday by the Governor's  
Council and sincerely wish you avvery strong  
and able administration in the important  
work the state has entrusted to you.  
With best wishes, I am,

Sincerely yours,

*Samuel J. Walsh.*



OGUNQUIT, MAINE, Sept. 29, 1913.

DEAR DR. BRIGGS:— You have doubtless been as interested as I have in the way that art seems to be turning to the abnormal and insane. It seems to me worth while, however, to get a little positive information on the subject, and I am making a collection of pictures by people whose minds are acknowledged to be unbalanced. Can you help me any? I should want some information as to the previous art training of the patient, and preferably I should choose the work of one who had at least *some* interest in painting before becoming insane. I don't know what this will amount to, but possibly it may lead to some definite conclusions. I have a bunch of pictures from Albany, and I have written *in re* McLean, but I want as many as possible.

Can you suggest any doctors I had better get in touch with? Any help you can give me I shall greatly appreciate.

Sincerely yours,

CHARLES H. WOODBURY.

## CHAPTER III

## SOCIAL SERVICE IN CONNECTION WITH THE STATE HOSPITALS

When I was appointed to the State Board of Insanity, although many of our State hospitals could not claim to have achieved success even as *institutions*, much effort was being constantly directed to that end by the Legislature, the Board, the superintendents and the trustees, and progress had been made in the humane administration of these hospitals, as well as in the development of their economic efficiency. I felt, however, that too much attention had been given to questions of temporary economy at the expense of the humane treatment of the individual patient, and of the development of the proper type of medical staffs. Not only were the scientific methods of treatment of mental ills sadly undeveloped, but no official attention had been given by the Board or by the hospitals to the subject of the prevention of mental disease. On the other hand, the work for the feeble-minded, under Dr. Walter E. Fernald and Dr. George L. Wallace, was constantly advancing along progressive lines, and the Massachusetts School for the Feeble-minded and the Wrentham State School were then and still are models of what can be done for this class of unfortunates.

The question of the prevention of mental disease may be attacked from three standpoints: (1) research; (2) scientific medical treatment in the hospitals; and (3) social and educational work in the community. I was interested in all sides of the question, but it seemed to me most important in the beginning to stress the



subject of the organization of social service, which up to that time had only been undertaken in a very haphazard way in our mental hospitals, and of the possibilities of which many of our superintendents seemed to be entirely ignorant, some of them being actually antagonistic.

Before I came on the Board I had personally made an investigation of the social work at that time being done for mental cases in our own country and abroad, and I had found that in New York State the best pioneer work in social service in connection with State hospitals had been accomplished under the direction of Miss Edith Horton of the Mental Hygiene Committee of the State Charities Aid Association, of which Miss Louisa Lee Schuyler was the moving spirit. What they had accomplished had so thoroughly demonstrated the necessity for organized social service for the mentally ill in all State hospitals that the State of New York had already taken over this work, with Miss Horton in charge.

It seemed quite unnecessary to repeat this demonstration in Massachusetts. I therefore gave up my earlier effort to establish here an association similar to the State Charities Aid Association in New York, as described in a previous volume, and directed my energies towards having social service established in Massachusetts directly under the State Board of Insanity. Therefore I wrote a letter to the Governor:

BOSTON, April 25, 1913.

Governor EUGENE N. FOSS, *State House, Boston, Mass.*

MY DEAR GOVERNOR FOSS:— While the present Legislature is in session I hope you will present to them the need of taking some action toward definitely and intelligently stopping the increase of the State's dependents. Up

to the present time the State has, in the main, devoted its resources to housing propositions, so far as this class is concerned. I feel that the Commonwealth should now take immediate action toward the prevention of the constant increase in this class, who are multiplying faster than we can build institutions to accommodate them.

Social service, properly organized, is our first great step. This does not mean a body of untrained volunteer workers untactfully entering the homes and grappling with the private affairs of our citizens, but a body of trained workers, without regard to sex or creed, who, experience has proved, are welcome in every home in our land. They can do as good work among the mentally ill as is now being done by an army of faithful workers to stamp out tuberculosis throughout the State.

One or two of our State hospitals are doing some work along social service lines, and one or two are doing some work on eugenics, but there is no organized social work, and no means have been provided for carrying this work out properly.

If the State would provide the small amount of money necessary to organize this year, it would save the care of a good many dependents who would have to be taken care of if we delay the work another year.

Sincerely yours,

L. VERNON BRIGGS.

Accordingly, Governor Foss sent a special message to the Legislature, accompanied by my letter:

THE COMMONWEALTH OF MASSACHUSETTS,  
EXECUTIVE DEPARTMENT, BOSTON, May 5, 1913.

*To the Honorable Senate and House of Representatives.*

I transmit herewith a letter from Dr. L. Vernon Briggs of the State Board of Insanity, urging the necessity of more effective supervision of the families of the inmates of our institutions.

In this connection I would call attention to our present failure to accord adequate protection to the dependent wives and children of men who are shut up in our State institutions, whether because of crime, sickness or insanity.

Our institutions are conducted primarily for the protection of the public. At the same time, our system ignores very largely the fact that, in removing the breadwinner of a family, we expose the family to the very conditions of destitution and helplessness which are most of all conducive to crime and permanent pauperism.

We are, for example, sentencing drunkards to long terms of imprisonment, clothing, feeding and housing them and giving them expert medical service. In a majority of cases these men possess some wage-earning capacity, yet we permit their families to be turned out on the streets to get what they can from public or

*private charity, or both. The time will come when, in my judgment, we shall recall this present practice with profound humiliation.*

After mature consideration of the various classes of persons confined within our institutions, I have come to the conclusion that we should first of all consider the dependent families of those who are confined in our insane asylums.

Moreover, every step which the Commonwealth can take to relieve our institutions of any of their charges and make them self-supporting and useful members of the community should be taken at the earliest possible moment; also every possible step toward the after-care of our mentally ill and the prevention of such illness.

These steps are requisite in view of the crowded condition of our institutions and the increasing demand for additional buildings. I am informed on the best authority that our present policy is leaning too much in the direction of merely shutting up mild cases of insanity. In other countries, notably in Scotland, public policy has established a system of removing mild cases from the institutions and finding suitable private homes in which they may be cared for. While we are now making, to a very limited extent, a somewhat similar provision, I have become convinced, on the testimony of officials connected with our institutions, that we could possibly discharge from 5 to 10 per cent of the insane now confined in the institutions of the Commonwealth if we maintained an adequate means of locating them either in their own homes or in other places in which they could be boarded out.

*I would therefore direct the attention of the Legislature to the recommendation made by Dr. Briggs in favor of the establishment of a so-called social service to be conducted by the State under the supervision of the Board of Insanity.*

Social service as understood and practiced elsewhere today aims to furnish friendly advice and co-operation on the part of the State for the benefit of the wives and children from whom the wage-earner of the family has been removed by the operation of law; for example, a mechanic becomes suddenly afflicted with some form of insanity, and public safety demands his immediate seclusion in an institution. Surely the Commonwealth owes some obligation to the wife and children who are thus, suddenly and without any provision or warning, deprived of their means of support.

In many instances friendly counsel and advice in regard to the economical organization and conduct of the household or in respect to securing positions for the wife and children of proper age would be sufficient. Moreover, many insane people retain sufficient reason to brood over the helplessness of the families from whom they have been removed and whom they have been forced to leave without protection. This fact may, in itself, be sufficient to preclude the hope of cure in many cases.

I believe that social service work should also be established with respect to the families of *our prisoners*, and that the latter *should be more efficiently occupied in productive labor*. I have repeatedly called the public attention to this latter consideration, and am confident that the pending reconstruction

of our penal system will result in the establishment in Massachusetts of much-needed improvements.

I transmit the accompanying letter from Dr. Briggs, and with it the draft of a proposed statute, in the sincere hope that this Legislature will take cognizance of the conditions herein set forth, and will make a beginning at least toward an ultimately complete protection and assurance of the families of our insane, in all cases where other than public means are lacking.

If we continue to ignore the possibilities of this modern method of providing for the insane, we must continue to make rapidly increasing appropriations for the permanent State custody of practically all cases of insanity within the Commonwealth, however mild the form of the disease may be.

EUGENE N. FOSS.

The "Boston Transcript" of May 5 quoted in full the Governor's message, and printed my letter to the Governor and the Resolve, as follows:

RESOLVE TO PROVIDE FOR ORGANIZED SOCIAL SERVICE WORK FOR THE PREVENTION AND AFTER-CARE OF THE MENTALLY ILL.

*Resolved*, That the state board of insanity, with the approval of the governor and council, shall appoint a recognized authority in the organization of social service work at a salary of not more than twenty-five hundred dollars a year, who shall at once proceed to organize, in connection with each state hospital for the care of the mentally ill, social service work having for its purpose the prevention of insanity and the after-care of discharged patients; such service to be so conducted that certain cases now confined in institutions because of unfavorable home or community conditions, may, as a result of this service, be returned to their home or community.

*Resolved*, That there be allowed and paid out of the treasury of the commonwealth the sum above mentioned as salary, together with such sum or sums as the governor and council may deem necessary for the payment of such other expenses as may result from the establishment of said work and the carrying on of same.

A hearing upon the special message of the Governor — House Bill 2431 — was held before the Committee on Social Welfare, on May 20, 1913. On the same day the semi-annual conference of the State Board of Insanity with the superintendents of the State hospitals (and asylums) was held, and I had an opportunity to enlist the interest of the superintendents in the bill for social

service. The subject under discussion at the conference was training schools for nurses. I was the last speaker, and, after making a short plea upon the subject of the day, I added:

I would like to say a word in regard to social service. Some of our hospitals, as you know, are doing more or less social work as well as some eugenics work and some field work, but it has not been systematized and is not under any regular organization. The Governor has sent a message to the Legislature with a resolve accompanying it which provides for every hospital the means of carrying out social work in the community, and it also provides for a social worker paid by the State to organize the State work and co-operate with the hospitals in organizing their social service departments. I think it is his idea to secure the services of an experienced social worker as soon as possible, whose first undertaking should be to make a survey of what is being done in the different hospitals, and to estimate, as nearly as possible, what the requirements of these different hospitals are, and then to co-operate with the superintendent and social workers in each individual hospital in establishing effective social work. The new bill provides means for doing this, so the superintendents will not have to put in any special bills for social service work. There will be a hearing this afternoon at 3.30 o'clock, before the Social Welfare Committee, on social service, and those opposed to or in favor of this bill will be welcomed there to express their views. I feel that this is not work that the superintendents can carry out satisfactorily with the money they have. This resolve is to establish social service for all time, so that the hospitals shall have this fund to draw upon for prevention and after-care work without diverting money from maintenance.

A number of the superintendents attended the hearing on the Social Service Bill that afternoon. I was requested to open the hearing, which I did with the following statement:

This Resolve which the Governor attached to his message was thought necessary because of the lack of funds, as much as anything, to carry out this work.

Social service today is recognized as a necessary part of almost all institutional work, either insane, charitable or hospital, and in the main it has been supported by private charity. It was in New York, until the State Board took it in hand.

I think that the message (without going over it) shows the value of it and the reasons for asking. I am surprised that the Governor attached my letter which I sent to him, which also gives my views on the matter.



The situation today in some of our hospitals, as I understand it, is that they have social service workers, eugenics workers and field workers, — three distinct types of educational workers. Eugenics work, of course, is heredity work. Field work is more medical work. Social work combines the medical with the work for prevention and after-care, and placing of patients in the community again as soon as possible.

I do not think it is unfair to say that we have patients in most of the institutions today — perhaps 80 in each institution, making, perhaps, 1,000 in all — who, if places and homes could be found for them, could return to employment, back into the community, and they would be released by the superintendents under these conditions. There are a great many patients in the hospitals today who have no friends or relatives to take care of them if discharged. There is another class, where the home conditions could be improved, and social service could improve these conditions so that patients could return to their homes. Then there is another important thing, and that is the education of the community. The social service worker works in the community about the hospital.

Today there are certain patients in the hospitals who cannot get employment, — perfectly capable of doing the work in the hospital and would be capable of doing work outside if it were not for the prejudice against them. The social service worker can educate individuals to take a different viewpoint of the person who has been doing good work for six or eight months inside, and can gradually educate the public to a different point of view.

At the Danvers State Hospital they have a social service worker. At the School for the Feeble-minded they have no social service worker, but contemplate later pupil workers drawn from their employees. At the State Infirmary there is no social service worker. At the Worcester Asylum there is no social service worker. The eugenics work is done by Dr. Stevenson, who reports 65 visits to those boarded out, and has completed the charts of 10 patients, besides 6 visits to homes for the purpose of boarding out cases. The Westborough Hospital has no social service worker, and nothing has been done about it. At Medfield State Asylum nothing has been done in social service. At the Taunton Hospital they have had a eugenics worker from Cold Spring Harbor since October, 1912. Boston Hospital has had a social service worker. They have none at present, but are looking for one. They have funds for one if they can find a competent worker. (Dr. Frost is here and can speak more in detail.) Worcester State Hospital asked an appropriation for a social worker, but failed to get it; were turned down last year and now are making arrangements for a volunteer. (Dr. Scribner is here and can tell you about that.) Foxborough Hospital has a field worker, an out-patient physician. Monson Hospital has no social service worker, but has a eugenics worker who is a volunteer there. Gardner Colony has no social service worker. Wrentham School has none.

This work is not systematized or organized. As I understand it, the Governor's point of view is this: that if this legislative committee would report legislation, it would give us a social service organizer in the State, at



\$2,000 or \$2,500 a year, for organizing the work in the hospitals, and obtain the right kind of educated social service workers to place in the hospitals under the superintendents; that the first duty would be a "survey" of the work that is done now, what work is necessary, what work would be most valuable to the different institutions, and then to select and offer to the hospitals workers who would be most valuable to the institution and the community about it. The first work this year would probably not involve much more than the salary of the social service organizer in making the survey, and that person ought to be selected with great care, and begin work as soon as possible.

QUESTION. This bill that accompanies the Governor's message meets with your approval?

DR. BRIGGS. Yes. I do not mean that it could not be better, but it does at the present time.

QUESTION. Was it your purpose to have this work done year in and year out?

DR. BRIGGS. By the organizer? To have a permanent organizer. I do not know what would be the result of that. If each hospital finally did its own work and did it well there would not be any need of permanent organization. It is going to take a long time to organize this work in the different hospitals and communities, if that is what you mean.

QUESTION. Is it your idea that one social service worker can do it?

DR. BRIGGS. One organizer can do it, with a social service worker at each hospital, but there are probably not over half a dozen organizers in this country at the present time. You could not get more than one.

QUESTION. Can you give us the assurance that if we pass this Resolve the Governor will sign it?

DR. BRIGGS. I can.

COMMITTEE. Dr. Briggs, will you call your witnesses?

DR. BRIGGS. I would like to call upon Dr. Scribner.

DR. SCRIBNER. Mr. Chairman, I am Dr. E. V. Scribner, Superintendent of the Worcester State Hospital.

I am going to say that I believe in the principles of social service. I believe social service workers can return many of our people to the community. It is true that there are many in institutions who, if they had a little helping hand extended to them, and were placed in the proper places in the community, could go out; in some instances they could be self-supporting; in some instances, partially self-supporting; and in some other instances might perhaps have to be supported by friends or relatives, or perhaps by the State. In many of these cases they are able to contribute all or part of their support. I think the principle of the thing is correct.

I believe in the theory of doing social service work in the community.

DR. BRIGGS. I would like to call on Dr. Southard.

DR. SOUTHARD. I am Dr. E. E. Southard, director of the Psychopathic Department of the Boston State Hospital.

It is, however, a State hospital and derives its funds from the State. I

would say a few words concerning the work already going, which I think shows that this kind of work is necessary. As an integral part, perhaps the most important arm of its service is the Out-Patient Department, which occupies one wing, one floor, of the Psychopathic Hospital. For example, during the last month there were 98 cases that came to this Out-Patient Department, of which there were 25 that came back from discharge after they had once been in the Psychopathic Hospital to be examined, but the remainder were fresh cases, either referred to us, as in 23 cases, from the different social agencies; in 17 instances by physicians; in 3 instances by the Juvenile Court; or in 22 instances in various other ways.

This work involves a physician, and we have, in fact, four. Two of them are volunteers, who are working on the diagnosis of these cases. It involves some heavy stenographic work and it involves a social service organization. The problems we face — these cases not yet come to the institution — are largely social service problems. We have been facing the issue of having a social service worker in charge. We have tried various devices to have this done, without really having the straw to make the bricks. We have, however, got it more or less started.

Some months ago the chief of the Out-Patient Department made an analysis (this was in October last). At that time he had registered in his department 105 cases (started about August). Of these, he found that 88, or 84 per cent, needed social work. Of these, only 41 were being given adequate social attention; 47, or 45 per cent, were not having social work done; 19 per cent would probably be lost unless a good deal of following-up work was done on them.

We have insisted rather upon the importance of prophylactic work with children and adolescents because we felt that, to meet these problems concerning the development of insanity and inebriety perhaps to some extent, we need to take the children young, and consequently the chief of our Out-Patient Department has been an expert in children's diseases. Alongside of him there is a psychologist, a part of whose services has been given to us by the Harvard Department of Psychology, or, at least, he is working with that department; also workers, neurologists, who examine the adult cases with the fear of insanity, etc., who come to us.

It seems to me that this work would involve the establishment of dispensary service. It will involve a worker of great range, such as Dr. Briggs has mentioned. We can already see in our work, then, the necessity of this, to say nothing of the obvious needs that will probably be better stated by the superintendents, concerning what may be done with the patients already in the institutions, with a prospectus of securing homes for them outside.

I think the Psychopathic Hospital work will eventually cost, if it is properly maintained, some five or six thousand dollars a year, with the organizer or executive on duty, a director of the work at the Out-Patient Department, and subsidiary officers, who will be of a type like those now employed by the Minor Wards and Adult Poor Departments. They are social service workers, and though they have no experience to speak of with mental cases, doubtless

they have the general principles of investigation of things in the home and may be moulded over to this more difficult purpose of mental hygiene.

As Dr. Briggs said, the topmost workers or organizers are very few in the world, taken as a whole, and you are in luck to get one, but the underlings can be secured, under the present circumstances, at the usual salaries of those visitors, so that we have the machinery for the work if we can get the money. It is rather a large financial proposition. It should be faced from that standpoint and done deliberately, on a broad basis.

QUESTION. Most of this work is for those who are harmless, who can do something and still are not curable?

DR. SOUTHARD. Yes, because the dangerous insane are comparatively few in number. I do not know the figure, but should say 5 or 10 per cent.

DR. BRIGGS. I would like to call upon Dr. Kline.

DR. KLINE. I am Dr. Kline, superintendent of the Danvers State Hospital.

At the Danvers State Hospital, social service work was first begun through the means of the eugenics field worker whom Dr. Scribner has mentioned. She had been delegated to the Danvers State Hospital from Cold Spring Harbor. Her salary was paid from that office, and we merely gave her her room and board and paid her traveling expenses. At the end of a year, she was put on the institution's pay roll and her work directed by us; in other words, instead of devoting a great deal of attention to a certain few special cases, in looking up family trees, etc., from a eugenics standpoint, we selected the cases for her and in addition had her do social service work and after-care work.

Any case who leaves the institution, or is considered for release from the institution, is first considered before the entire staff of physicians of Danvers Hospital, and you can readily see that the information secured by a social service worker as to conditions at home plays a very important part in our decision as to whether that patient is going to get along outside of the institution. Without that information which is secured by the social service worker, very frequently we would be sending patients back to the same conditions in which the mental trouble developed.

Then, too, the social service worker has with her a list of patients who are out on six months' trial visit, and, as an example, if she finds herself in Gloucester inquiring into the home conditions or family history of a new admission to the hospital, and has some time to spare, she takes out her list and inquires into the condition, and how a patient is getting along who is out on a trial visit. In this way, often a return to the hospital on the part of those patients who are out on parole is prevented and a great saving to the State is effected. This young lady in charge of this work receives from the State the same salary that she was paid from the eugenics office at Cold Spring Harbor. Roughly, we have estimated that it costs about \$100 for her traveling expenses per month, if she is out most of the time. Our worker is not out all of the time and about five days' traveling expenses cost \$25 to \$30.

All of the information which she secures is incorporated in our clinical

records, and is valuable to the physicians who have the immediate treatment of the patient.

Likewise, it is of immeasurable value in educating the public generally in the district regarding State institutions. They ask questions and are frankly told what conditions are, and as a result they have an entirely different feeling and an entirely different impression of State Hospitals. From that standpoint, then, too, perhaps one worker is scarcely enough for an institution to go into that generally.

DR. BRIGGS. I would like to call upon Dr. French.

DR. FRENCH. I am Dr. French, Superintendent of the Medfield State Asylum.

We asked at Medfield for an extra physician to do field work and social work, and it was granted, and we have just made arrangements with a woman to do that work. I should be very glad to have this bill passed so as to get the direction for our work of a central organizer, and it would add greatly to the efficiency of this field and social work which we are soon to install at Medfield. We have a very large number there and the field for a social worker is quite extensive. It is untried with us. This being a new departure with us, for that reason we welcome this organizer and hope to see him or her established.

QUESTION. Is your institution considered a hospital or an asylum for incurables?

DR. FRENCH. An asylum for incurables.

QUESTION. What benefit would it be to the patients of the institution to have a social worker connected with the institution?

DR. FRENCH. In a large number of male cases, if we could find families and homes for the patients, we could have them boarded out in these families, and it would add greatly to their happiness and contentment, and it would relieve the asylum. We have quite a number of such cases who have no homes; their families are either scattered or have all died, and there is quite a field at Medfield for the placing of homeless old men. Some of them are quite competent and skilful, and at the present time are doing some work in the asylum. Some of them could undoubtedly very nearly earn their own living if under competent direction, but they cannot be turned out loose; some one must look after them. There are some women, also, but not as many as men.

QUESTION. Are they easily managed by any one outside?

DR. FRENCH. A great many of these men are simple senile cases, men commonly called "in second childhood." I have one man in particular who is quite a skilful carpenter, and under proper direction I think he could earn his own living for some years.

QUESTION. I would like to ask if these cases are not apt to grow worse and worse.

DR. FRENCH. That is true, but in this class I speak of they have reached a point in which they are stable; they do not change much. It was really necessary a few years ago for them to have the restraining influence of some institution, but now it is no longer necessary.



QUESTION. On the other hand, Doctor, placing them in private homes might easily assist their progress, in that they would be more contented?

DR. FRENCH. You mean that they would be more contented? I think it would have that tendency because it approaches natural life. An institution is not a natural life. As a general rule, all of these cases boarded out do well. They are not under the irritating influence of other patients around them. In an institution their surroundings are irritating at times and necessarily so. It cannot be avoided; but all that can be avoided if the patient is suitable to put out into a family.

QUESTION. Do you think that these people are perfectly safe, that they will not have a recurrence of their disorder and break out and be a menace to the family?

DR. FRENCH. I should not recommend cases to be placed out unless I felt them to be safe.

DR. BRIGGS. I will call upon Dr. LaMoure.

DR. LAMOURE. I am Dr. LaMoure of the Gardner State Colony.

At the present time our cases are all quite demented cases, transferred to us from the other institutions. When we parole a case, the best we can do to follow up that case from time to time is by correspondence, which, of course, is not satisfactory. Of course, we will be very much in favor of having some one to follow up these cases. Moreover, we have some cases, as Dr. French spoke about at his institution, — cases who have no homes, but are quiet cases and could be cared for if suitable homes could be found. We would urge that this bill pass so that we have someone to organize the work.

DR. BRIGGS. I will call upon Dr. Frost.

DR. FROST. I am Dr. H. P. Frost, Superintendent of the Boston State Hospital.

The trustees of the Boston Hospital and the superintendent are in hearty sympathy with the purpose of this bill. Our recognition of the importance of social service was set forth in our last annual report, in which it is stated that in our opinion the time had come to do some very definite work in this line, and that the Social Service Department should now become an integral part of the hospital. We included in our estimate a sum sufficient to pay a special worker, but had unexpected difficulties in finding just the right person, so that half the year has gone by without this special worker being actually on duty. We finally succeeded in getting a worker. In the meantime, something has been done, as at some of the other institutions, by all of the assistant physicians, as for a number of years, but by one of them in particular.

We would welcome the passage of this bill and the help of the organizer, and I think you may feel sure that at the end of the year there may be something to show for our united efforts.

DR. BRIGGS. I will call upon Dr. Fernald.

DR. FERNALD. I am Dr. Fernald, Superintendent of the Massachusetts School for the Feeble-minded.

I am fully in accord with the spirit of this movement, and in our annual report for this year, both for the superintendent and trustees, the matter

was taken up, and we were authorized to extend and develop the work which we have already begun. We have for many years conducted an Out-Patient Department. We are having, on an average, 8 or 10 patients a week who are not connected with the school and who are not State charges, but who, as a rule, are poor people, and are brought to the school for examination, diagnosis and for advice. We have at least three or four hundred cases scattered throughout the State who are brought to us at intervals for advice and treatment.

We should be glad of any movement which would help us to develop that and make it more useful. We were led into that first because, until within a few years ago, there have been no clinics where defective children could receive advice from people who were familiar with feeble-minded children.

MR. JOHN C. GORDON (of Brookline). I hesitate very much after the prominent, and I may say, learned members of the medical profession who have spoken here, to be so bold as to add anything to what they have said, but as a layman for about twenty years I have been very much interested in something of this kind being done. I should like to take this opportunity to make the observation that I congratulate the Commonwealth that they have members of the Board of Insanity who are seriously interested in furthering this proposition, and that they have many officials in our State institutions who are like-minded and who are now seriously and enthusiastically furthering a proposition of this kind. I have just made this observation, that from my experience covering about twenty years in looking into things of this kind I think that if you could take a vote among the families who have had members in our various State asylums, you would find that, I think, two-thirds, or a large majority, would favor this proposition.

QUESTION. Is anybody opposed to this Resolve?

No one opposing, the hearing is declared closed.

On June 1, 1913, the Boston American gave an account of an address made by the Rev. Newell Dwight Hillis, a prominent Brooklyn, N. Y., clergyman, before the Congregational Club of Boston in which he made some very alarming statements in regard to the increase of insanity.

"The figures on which the preacher based this prediction," continued the report, "are not denied by Dr. L. Vernon Briggs of the State Board of Insanity. Dr. Briggs declares that Massachusetts has been practically at a standstill for the last seventy years in regard to the prevention of insanity. However, Dr. Briggs declares that he looks for relief in a bill now before the Legislature, which provides for the care of insane patients after they are discharged from the hospitals. 'Under present conditions,' said Dr. Briggs,



'some of these patients discharged as cured return as often as six or seven times, simply because, when discharged, they are returned to the very same conditions in life which caused their insanity. It is our duty to work a change which will bring care and supervision of the insane after they are discharged from the hospitals.'

To show how little thought had been given by psychiatrists to the subject of social service prior to 1913, it is interesting to note that, according to the program of the Sixty-ninth Annual Meeting of the American Medico-Psychological Association (held at Niagara Falls June 10 to 13, 1913), with a membership of all the best known psychiatrists in the country, although there were committees on "Applied Eugenics" and on "Diversional Occupation," there was none on social service; and no papers were listed for that meeting on any of these subjects, although Dr. Russell's "The Broadening Field of Practical Psychiatry" must have touched upon some of them. My own paper read at that meeting, on "Problems with the Insane," dealt briefly with the subject of social service as follows:

#### PROBLEMS WITH THE INSANE

BY L. VERNON BRIGGS, M.D.

*(President of the Medical Staff, Boston Dispensary; Member of the Massachusetts State Board of Insanity; and Commissioner of the Alien Insane of Massachusetts.)*

I feel more and more, as I write of the mentally ill, the temptation to eliminate the word "insane." That word really conveys no more idea of the condition of our mentally ill than does the word fever convey to us any particular form of disease. Fever at the present time is considered only a symptom or consequence instead of a disease, with different manifestations, as was the case many years ago. Up to the present time the word "insanity" has, to a great extent, been used as comprehensively, or loosely. I believe that this society would do well to take some action tending to eliminate the use of the term, "insane," as connected with hospitals and their patients. If mental conditions are (as most of us expect will soon be proved) only symptoms or results of physical disease, the terms insane, mentally ill and

mental disease will have to be done away with, and the illnesses from which the individual suffers, such as tabes, syphilis, pneumonia, typhoid fever, general paralysis, auto-intoxication, etc., will take their right places in our diagnoses. Certain forms of disease will then be classed as irresponsible and committable which will more clearly define the medico-legal case.

The modern institution for the insane should be so arranged that the reception service and hospital building for acutely sick should be separate from the rest of the institution; of fireproof construction and not over two stories in height. An infirmary building should be provided of similar construction. Small buildings for very disturbed cases are needed, so planned that the excited patients should not disturb one another. These buildings should be homelike, attractive, and of colonial or some pleasing architecture.

Social service should be connected with each institution. If properly organized such a service will improve home conditions throughout the State and prevent many duplicate commitments from the same family or environment. It will also facilitate early discharges by making a survey of cases in the hospital and a survey of the community conditions into which such patients will be discharged, that the paroled or discharged patient may be placed in the most advantageous surroundings on leaving the hospital or being transferred to what should be an ever rapidly increasing group. I refer to the boarded-out patients. The follow-up work and after-care of the discharged cases to prevent a return to the hospital would greatly reduce the recommitments which now amount to a considerable percentage of our so-called insane population in institutions.

Money should be spent at the beginning for the prevention of insanity by social service and similar agencies. It is just as much a necessity, if not a more crying need, than that many thousands of dollars should be spent at the terminal end of the disease in laboratories.

It is obvious that money spent for the prevention of insanity will be a saving of intelligence as well as money to the state, but in spite of this fact thousands of dollars are spent in housing terminal cases and in laboratories for the study of pathology, and, with two or three exceptions, there is not a State in our Union that is spending any money in organized prevention. In closing my paper I quote the following from the Sixth Annual Report of the trustees of the State Lunatic Hospital at Worcester, Mass., for 1838, of which Horace Mann was chairman. They say: "The great object at the hospital is the cure of insanity or the mitigation of its sufferings. The great object of the State and of individuals should be its prevention. The hospital is succeeding pre-eminently well in accomplishing the former; what can be done by the State and by individuals to effect the latter purpose?"

The Resolve in relation to social service was not passed in its original form, in spite of the strong stand of the Governor, but it resulted in the following:

## RESOLVES, CHAPTER 120.

RESOLVE TO PROVIDE FOR AN INVESTIGATION OF SOCIAL SERVICE WORK FOR THE PREVENTION OF INSANITY AND THE SUBSEQUENT CARE OF THE MENTALLY ILL.

*Resolved*, That the state board of insanity shall at once proceed to investigate the establishment, in connection with each state hospital for the care of the mentally ill, of social service work having for its purpose the prevention of insanity and the subsequent care of discharged patients, and shall report its findings and recommendations to the next general court, not later than the second Wednesday of January. [*Approved June 13, 1913.*]

The purposes of the Governor's message had, however, been to a great extent accomplished by the awakening of the interest of those concerned to the importance of adequate social service for mental cases. In August the Board decided to employ an organizer of social work without waiting for special legislation.

In addition to a most careful investigation of the situation in our own State and in other parts of the country, I had had some valuable experience in the type of work I hoped we should be able to establish in the State hospitals, in my recent experience in the mental clinic at the Boston Dispensary (see my pamphlet "Three Months With and Three Months Without a Social Worker in the Mental Clinic of the Boston Dispensary May, 1912"<sup>1</sup>); but the idea of social service was more or less novel to the other members of the Board, so we now began to look into the matter officially. We consulted the leading organizers of medical-social work, some of whom appeared at a special meeting of the Board and answered numerous questions as to the best method of State organization. I have a stenographic report of the answers made by Miss Ida M.

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<sup>1</sup> Quoted on pages 197 and 198, "A Victory for Progress in Mental Medicine," by L. V. Briggs, M.D.

Cannon, head of the Massachusetts General Hospital social service, at that meeting. It is too long to quote in full. In a general way, Miss Cannon suggested some such organization as that which had been recently established in New York, with a social service department in each hospital, under the supervision of a State Director of Social Service; but Miss Cannon hesitated to outline a definite plan lest she hamper the initiative of such a Director. In regard to our selection of a suitable person for this position, Miss Cannon was most emphatic. "She should be," said Miss Cannon,

"an executive person, with an appreciation of hospital and social understanding of what social service ought to mean. She should have the ability to study each hospital and to know what its needs are, and to direct the thing properly. . . . She would have to have an appreciation of psychopathic problems. . . . I think there are people who have had training and would see immediately the possibilities of this thing, and would know what the approach should be. You must look the field over and find out what person is going to bring the richest kind of experience and personality. I think that if you get a person who has organizing ability and a conception of what social service means today, after she had made a study of the conditions she would herself outline for you a plan which would be very helpful."

Dr. Kline, who attended this hearing, suggested that those interested should make a survey of certain types of institutions in the State and come to some conclusions as to just what they wished to accomplish with social service. "Might not time be saved, in your opinion? and the result of that survey could be presented to the Director whom the State Board might appoint; and might it not be a guidance to the State Board as to the type of person they want?" Miss Cannon replied, "I think it would be a great pity to take away from any one going to do that work the wonderful experience she might get out of doing it for herself. . . . The opportunity of doing that survey would be a wonderful thing



to the person doing it, because in the process of doing it she would learn her situation, which she would have to get second-hand from the survey made by others."

"I had in mind the possibility of an interested committee or group, and yet a disinterested, impartial group, rather than a Director, making a survey and making a better impression, and thereby being able to secure the co-operation of the various institutions," urged Dr. Kline. "For instance, at Danvers we have a very good social worker. There is no question but what she would change her methods and do everything a Director might want, . . . but she would take it as a criticism."

"Your Director is going to be no good at all," replied Miss Cannon, "unless she can inspire in the hospitals a feeling of sympathy with what is being done here. You must get a big person. She has got to represent this Board and what this Board means, and also to appreciate what Miss Curtis (the worker at Danvers) has done, and give her the appreciation she needs."

We had little realized the difficulty of finding a suitable Director of Social Service. There were plenty of social workers who would have been glad to accept such a position, but there were at that time only two or three women in the country who had had much experience in social work for mental cases, and perhaps Miss Horton of New York was the only one who was also an experienced organizer of social work in State hospitals such as we hoped to find. I began a canvass of the various social workers of first-rate ability whose experience fitted them for such an undertaking. Among others, including Miss Edith Horton herself, whom we felt were capable of developing this work, I got the Board to offer the posi-

tion to Miss Lucy Wright, who had done such excellent work on the Commission for the Blind. She considered it for some time and wrote me that she was very doubtful whether she was able to accept the position. Later she wrote Dr. Thompson:

3 PARK STREET, BOSTON, MASS.,  
September 17, 1913.

Dr. C. E. THOMPSON, *State Board of Insanity, State House, Boston, Mass.*

DEAR Dr. THOMPSON: — Before your letter of Sept. 15th reached me, I had written Dr. Briggs that I did not think it fair, at this point, to ask to be considered a candidate for the position of Director of Social Service for your hospitals. I have been and am still deeply interested in the general subject, and in this particular piece of work, but as I have written Dr. Briggs, it has become more and more clear that I must take a considerable vacation and that I cannot prophesy just when I should be able to take up important, new work. Otherwise, I should take advantage of your very kind offer to talk over the work.

Once more thanking you and the whole Board for your courtesy in this matter, I am,

Sincerely yours,  
LUCY WRIGHT.

Nevertheless, we felt so strongly the desirability of getting an organizer of such high ability and broad experience as Miss Wright that we wrote her we hoped she would reconsider after taking a vacation and recovering her health, but in January, 1914, she finally wrote Dr. Thompson, as Secretary of the Board, "I am unable to persuade myself that the work is for me."

Other leaders in social work whom I sounded in regard to taking this position were Miss Kate McMahan and Miss Mabel Wilson, whose work I had observed at the Boston Dispensary, Miss Mabel Blake, of the Society for the Care of Girls, and Miss Ida Brannick who had been at the head of the social work of the Massachusetts Charitable Eye and Ear Infirmary, and who later became a physician. Not one of these women



was willing to leave her position, though all expressed much interest in the possibilities of the proposed State work. I was disappointed that none of them had the courage to commence work in a new field. The Board decided to let the matter rest until the right organizer should be found, feeling that it would be better to undertake nothing in the way of the organization of social work by the State Board until there should be good promise of success, as it might set back the work for many years if it were weakly developed.

Nevertheless, the social work within the institutions was gradually developing, and one of the results of the Governor's message is shown in the Report of the State Board of Insanity, made on January 14, 1914, as follows:

### ***The Commonwealth of Massachusetts***

STATE BOARD OF INSANITY, STATE HOUSE,  
BOSTON, Jan. 14, 1914.

#### *To the Honorable Senate and House of Representatives.*

As directed by chapter 120, Resolves of 1913, — "To provide for an Investigation of Social Service Work for the Prevention of Insanity and the Subsequent Care of the Mentally Ill", — the State Board of Insanity herewith presents its report.

The great problems of social service work among the insane are obviously prevention, after-care and non-hospital care. Much is done by the regular organization of each hospital — by its medical service in treating patients as they are received and during their stay under the hospital's care. When each patient is received an effort is made to determine the physical and mental condition, but the element of individuality, which is of great importance, is usually difficult to determine. The individual is largely influenced by heredity and environment, and these factors cannot easily be determined by an examination made on admission of the patient to the hospital. If this element is not considered, then the examining physician is leaving out of consideration one of the most important points in his study of the case.

Unless the cause which led up to the patient's abnormal mental condition is determined, the treatment cannot be satisfactorily carried out, either while the patient is in the hospital or after his discharge. The physician treating him must know the individual and have an accurate knowledge

of his previous environment to treat him intelligently, and when improvement or recovery is obtained, to send him from the hospital into an environment which will be favorable to continued mental and physical health.

It is manifestly impossible for the usual hospital physician, with the number of cases which he has under his supervision, to do more than treat the patient while under his care. This treatment is of great importance to the patient, but more than this is necessary. The physician cannot in very many cases go out into the community to determine the exciting causes and the home environment, and he must turn to some one who, equipped by training and experience, can obtain this information for him, some one who can devote practically his entire time to this. Then, too, it not infrequently happens that home conditions are not well known, and a patient may so far recover as to be no longer a danger to himself nor a menace to the community, if allowed to leave the hospital under proper supervision. Here again, the physician is not, by the very pressure of his hospital work, physically able to study the home environment to which the patients will go. If done, and it is of the greatest importance that it should be, it must be accomplished by some one other than the hospital physician. Thus, both when the patient is admitted to the hospital and when able to be discharged therefrom, we must turn to *social service workers* who are trained in this work, and who can obtain the facts that the physician needs in intelligently dealing with the individual patient.

In obtaining the information suggested above, these workers from each institution will come into close contact with the community and there will result an enlightenment as to what can be done tending to prevent mental disease and defect, and the desirability of giving early and proper treatment to those mentally afflicted. Needy families, the man or woman of which has been sent to a State hospital, will, by this social worker, be connected with the proper local agencies. Reccommitments may be avoided by assisting in tiding a patient over a critical period. Patients who have left the hospital will be heard from more often and the results of hospital treatment more accurately determined. Patients, when they know that a real interest is taken in them, will return to the hospital more often if in need of advice, and, realizing the recurrence of their mental illness, will return for treatment. The social service department of each institution serves as another connecting link with the community, and is sure to awaken additional interest in our hospitals, resulting in a better understanding by the community of the hospitals' work and needs, and also a better understanding of the community's needs by the hospital staffs.

The study of *eugenics*, although associated with social service, requires workers of special training, and while in certain institutions social work and eugenics work may be combined, this Board is of the opinion that they are better done by separate workers. Family care, *i.e.*, where patients who have no interested relatives are sent into suitable families to board, is very similar to after-care work and may be combined with it, at least until such time as

both branches of the work become of sufficient importance to require separate directors.

Considerable social service work has been done in the past in each of the institutions under the supervision of this Board, but it is only during the past few years that the possibilities of a well-organized social service department at each hospital, devoting its entire time to this work, have been realized. Each hospital now desires such a department. Several of the hospitals have already done enough to prove the value of social service work, but have not as yet a sufficient number of workers to do the work as they desire.

The State Board of Insanity believes that this work is of great importance and that it should be encouraged in every way possible. The particular way in which it can be encouraged by the Legislature is in granting a sufficient annual appropriation for each institution, so that social service workers may be employed. The State Board of Insanity expects to appoint a supervisor of social service work, who will co-ordinate the work of all institutions under its supervision.

Respectfully submitted,

MICHAEL J. O'MEARA, M.D., *Chairman*,  
WILLIAM F. WHITEMORE,  
JOHN WHITING MASON,  
L. VERNON BRIGGS, M.D.,  
JAMES M. W. HALL,

*State Board of Insanity.*

In this report the Board omitted to mention certain important duties of a State organizer of social service such as we at that time hoped to secure. Therefore I submitted a memorandum with the report to the Governor, of which the following is a draft:

Organizing of Social Service Departments whereby there shall be a central record system, so that any patient entering a hospital who has heretofore been visited by a social service worker can be located and prevent duplicate work; also

More uniform system and the carrying out of duties, and obligations of social service workers; also

Conferences between the social service workers whereby they will get together once in every so often for discussion and interchange of ideas and work; also for giving to each other information as to the different medical, social and employment branches which may have been developed or discovered by any of them.

Although not being then able to find an organizer of social service whom we felt big enough for the work,

I felt that my efforts had not been in vain, for the hospitals had been awakened to the importance of social work, and in nearly all of them an effort was made to develop Social Service Departments, in which they had always the encouragement and backing of the Board. There being at that time few trained medical social workers in the State and none available who had had experience in psychiatric social work, most of our hospitals at first engaged women with some general social training, who worked out the problems of dealing with mental cases for themselves, under the direction of the superintendents. In the meantime, social training in general hospitals was making great progress, and some of their workers found their way into State hospitals. Standards are constantly advancing, and it is a significant fact that training is now given in the best schools for social workers throughout the country, not only in *medical* social work but in *psychiatric* social work, and highly trained specialists are now available for State hospitals, some of them very capable and brilliant women, and many of them college graduates.

Dr. George M. Kline who, after my retirement, was appointed Commissioner of Mental Diseases and who has for the last ten years been at the head of the State work, brought with him from the Danvers State Hospital, of which he had previously been superintendent, the social worker whom he himself had trained, and she was given the position of Director of Social Service in the State hospitals. Most of the hospitals had established Social Service Departments, and her work has been less that of organizer than of supervisor of social service in the various hospitals.

## CHAPTER IV

## THE RESULTS OF VISITS TO PRIVATE HOSPITALS MADE LAWS GOVERNING THEM IMPERATIVE.

Social service was only one of the many activities in which I was specially interested at this time. In the paper from which I have already quoted in the last chapter, which I read before the American Medico-Psychological Association at Niagara Falls, in June, 1913, I touched upon several subjects, as follows:

The construction of most of our present institutions for the mentally ill does not allow a proper classification. The result is that in most States, including Massachusetts, one finds under one roof acute and chronic patients, insane criminals, epileptics, feeble-minded, alcoholic and insane alcoholics, senile dementias and moral degenerates, and often several of these classifications in the same ward.

We should not foist the criminal insane on our unfortunates who are sent to the State institutions. The criminal insane should be a class by themselves. They need different treatment and supervision by men who have different training than that required for the non-criminal. We are too far advanced in the treatment of the so-called insane to continue any longer with such heterogeneous groups to handle. If we are obliged to use our existing buildings, we should classify our patients, so that different classes should occupy different wards; for instance, there should be a group of the hitherto so-called early cases of dementia præcox in one ward, where intelligent work could be carried out by re-educational methods, such work as is now being done by Dr. LaMoure at our Gardner State Hospital. Other groups should be made so that each particular group may receive in its own ward the most skilful treatment tending toward improvement or recovery — more individual treatment.

While there should be a variety of occupation in each hospital to meet the therapeutic needs of individuals, every hospital should tend to excellence in one industry. In this way many patients who would otherwise be thrown into occupations in which they were previously engaged would be trained in other occupations.

The present system of large, unwieldy institutions under one superintendent and often inefficient workers results in an economic loss and means that the taxpayers have to suffer.



One or more large training schools for nurses and attendants should be established in each State, or perhaps in each hospital, where the entrance examination should be at least the equivalent of a high school diploma. The student should receive a small salary and contract to remain while training. A diploma and a position in a State hospital with a competent salary, and with suitable accommodations, should be the inducements for such training. The results of such a service would soon be noticeable in the improved condition of patients, by a *less* number of employees required, and with fewer assaults, etc.

If private patients are admitted to public institutions, either they should receive no different accommodations, treatment and food from the public patients, or else they should be entirely separated from the public patients, and housed in a house or houses in a different part of the grounds, with one or more physicians from the staff especially assigned to them, as is the case at the great Am Steinhoff Hospital in Vienna.

Opening the hospitals and judiciously inviting the public to more freely visit them, and educating the public through the social service and eugenics departments, and by papers or lectures read by the staff, to gatherings in the communities, even having hospital visitors from the community, will tend to educate the public in the right direction.

An Out-Patient Department connected with each hospital, though not necessarily on the grounds of the hospital, and the payment of small salaries to the trustees, composed of scientific as well as business men, who would be chosen from active lives, will tend, we hope, toward the solving of many problems.

According to law we regularly visited the various public institutions under our supervision, and although most of these were, on the whole, as well administered as could be expected under the system of local control then existing, some were, alas! still in process of emerging from the *asylum* stage, and had not yet become real *hospitals* for the treatment of the mentally ill. As *institutions* they ranked high. I found much to admire in the way of administrative efficiency, and, in some instances, of the humane care and progressive treatment of patients. If in this book I lay more stress upon the shortcomings than upon the excellencies of our system, it is because I am here describing my own work which, for the most part, has been an endeavor to



correct evils and to urge the adoption of more modern measures of medical care and treatment. [The excellencies of our State work are well set forth in Dr. Hurd's "The Institutional Care of the Insane in the United States and Canada."]

Judging from the previous reports, it seemed to me that it had been the custom of the Board to visit the State institutions in rather a formal manner, and that, although they may have noticed and discussed the evils which they must have seen in many hospitals, they were reluctant to put them on record in their official reports. This policy seemed to me a weak one in a Board which had been appointed for the special purpose of inspecting the hospitals. I determined to gloss over nothing in my reports, and I sometimes, as will be seen later, found myself obliged to make a minority report after a visitation by the Board.

I found much to criticize in some of our institutions for the care of mental patients, especially the neglect of the patient as an individual, the inadequate provision for medical treatment, the lack of occupation as therapy ("industries" were common, of course), and the small provision for the proper exercise and amusement of patients. But worst of all seemed to me the custodial system of "nursing" which still survived in most, if not in all, of our State hospitals. The Taunton State Hospital, for instance, had the best training school of any of these hospitals, but the nurses trained there must have seen much that was contradictory to the high ideals of nursing which should have been taught them. On October 17, 1913, Mr. Whittemore, Judge Mason (a new member of the Board) and I, as a visiting committee of the Board, inspected the Taunton State

Hospital. I quote from our report of this visit some matters of adverse criticism:

Although it was not an unpleasant day, there were no patients out of doors on the female side, and in several of the wards many were sitting about listlessly and without any occupation, although a large number of them could have been occupied in some manner much to their benefit and peace of mind.

The lack of out-of-door exercise and employment were especially noticeable in the disturbed wards, where a perfect pandemonium reigned. When we visited the men's side, the difference was extremely noticeable. The men had all been out of doors, and most of them were employed in some work. They were quiet and seemed much more contented than the women of the same class. Several patients showed signs of violence, having bruises which were self-inflicted or caused by others. Two female patients with bruises had records which were not complete.

Some of the rooms used for seclusion are most unpleasant, especially one, which had no light except from the door when the door happened to be open. Seclusion at this hospital is not recorded according to rules laid down by the State Board.

On the acute ward, No. 7, and on similar wards, are screens shutting off the end of the corridor and giving the appearance of a cage or prison; we recommend that these be removed, also that the ponds outside of the institution be either drained or treated, on account of the great numbers of mosquitoes which breed there.

In the wards where patients were occupied the atmosphere was more cheerful and peaceable.

Not all of our reports were as unpleasant reading as this, though such conditions were not altogether confined to the Taunton State Hospital. Such neglect of the physical needs of the inmates should not, of course, be permitted in any institution; but the lack of classification was one of the many evils of the old *asylum* method, even at its best. It was a great step beyond the almshouse for the safe custody of the insane, but that is all that could be said for it. I am happy to say that, as will be shown later, all "asylums" were abolished during my term of service, and insane and defective persons were placed in *hospitals* where their



ROOM WHICH MIGHT BE CALLED CELL IN TWO OF OUR STATE HOSPITALS WHERE THE MASSACHUSETTS BOARD OF INSANITY ALLOWED PATIENTS TO BE PLACED IN SOLITARY CONFINEMENT PRIOR TO 1913. THE BED WAS OFTEN REMOVED AND THE SHUTTER CLOSED OVER THE WINDOW. NOTE THE HUGE OAK TIMBERS ON LEFT USED TO STRENGTHEN THE DOOR — (SEE "OCCUPATION *versus* RESTRAINT")



proper classification and individual medical care are possible.

Another institution which I felt to be particularly bad at this time, and of which I have written at some length in my history of the case of Bertram Spencer, in "The Manner of Man that Kills," was the Hospital for the Criminal Insane at Bridgewater. Conditions at Bridgewater had not improved since my visits there in 1911.

Dr. F. W. Anthony of 50 Merrimack Street, Haverhill, wrote me a long letter on September 21, 1913, in regard to a patient whom he had visited at the Bridgewater State Hospital. He said:

I did not believe there could be collected such a group as I saw in the yard — the care of an ordinary asylum must be Paradise in comparison. So much that is criminal and murderous and treacherous, combined with a legal irresponsibility for any act committed, is a hard situation. I was impressed by the horrible monotony of the existence; some way must be worked out to lessen that, and yet the danger of laxity is apparent at a glance.

I never met Dr. Emerson until my visit there, and I hold my mind absolutely open until I can know him better, learn his trend of thought, his versatility and his work; anything that may throw light upon this, pro or con, I should welcome. Where are the men you mention as strong? "To know them not argues myself unknown." I wish, in any event, to know where there exists the best type of alienists, of hospital managers, of supervisors and attendants, for in my belief the time has come for Massachusetts to reach out and get the best east and west, instead of being a training school from which other States can secure all the best talent.

I shall come back to the question of the Bridgewater State Hospital later in these volumes. The following reports of visits to other State institutions will serve to illustrate some of our difficulties at that time:

*To the State Board of Insanity:*

On Friday, July 25, 1913, a visit to the Foxborough State Hospital was made by three members of the Board, — Dr. Michael J. O'Meara, Judge Mason and the undersigned, who was asked to make a report on the same.

We found the superintendent, Dr. Irwin H. Neff, convalescing from an attack of some intestinal or obscure trouble in the pelvis. He delegated his assistant to go about the grounds with us, though later he accompanied us to the Norfolk Colony, which we viewed from the automobile.

At the Foxborough State Hospital we found the inebriate patients very well cared for, apparently not crowded in the day rooms, although in the bedrooms in the G building five beds were crowded in a room about 15 feet square. The rooms were immaculately clean and the patients looked well groomed and fed.

Not quite so encouraging a report can be given of the insane patients. In Ward A there was a distinctly bad odor and the dining room was cramped and insufficient. In Ward B there were 16 patients on the third floor attic, which was mostly of wooden construction, wooden roof and no bricks showing on the inside and no fire escapes. The two wooden stairways which were available were located at either end of a long hall or attic space, and should the first one get afire it would be doubtful if the patients could ever reach the second. I BELIEVE SOME RECOMMENDATION SHOULD FOLLOW THIS CONDITION.

In Ward H there were 127 patients indoors because the nurses or attendants were away for the morning. It seemed rather ridiculous that 127 of these old men should be shut up in these rooms — many of them in a semi-basement room — on one of the most beautiful days we have had this summer.

The radiators in the hall of this building were unprotected, the fire escapes were locked, the beds were unusually high, and the smell of the piggery was distinctly unpleasant in the rooms of this building, and even more so outside the building, where the patients would be if they had been allowed to go out of doors.

In the dining-room service we found very meagre orders. Some of the orders of fish were so small that it occasioned an inquiry of the woman in charge, who informed the Board that she gave them all she had; that she would be very glad to have more if she could get it for them. Each place contained a little piece of fish in a plate, some without any juice whatever from lack of milk or butter; one small potato, which we understood was not all the potato they could have, but probably many do not know enough to ask for more; one small piece of pie; two slices of bread and a cup of water — no butter or molasses at noon.

In all the workshops examined the patients were busy, although many were idle about the grounds or in the buildings. These were probably mentally ill persons. The laundry work was exceptionally good, and brick making is carried on extensively. The cold closets contained a good supply of delicious looking green vegetables, and later one could but wonder that some of them were not on the tables of the insane patients.

THE MATTRESSES VARIED IN THICKNESS, AND JUDGE MASON SUGGESTED THAT IT WOULD BE WELL TO STANDARDIZE THE THICKNESS OF MATTRESSES, THE QUALITY OF CROCKERY, BEDS, ETC.



BATHS HERE, AS ELSEWHERE, ARE IN PUBLIC, AND DR. O'MEARA SUGGESTED THAT IT WOULD BE WELL TO HAVE IN ALL THE HOSPITALS SOME PLAN ADOPTED WHEREBY PATIENTS WHO HAD BEEN BROUGHT UP IN RETIRED SURROUNDINGS SHOULD NOT BE SUBJECT TO THE PUBLIC BATH, THEREBY EXPOSING THEMSELVES NUDE TO ALL SORTS AND CONDITIONS OF PEOPLE.

In one of the cold closets there was butter of three kinds: first quality, which was excellent, for the officers and attendants; second quality, called the "inebriate butter," which was butterine or oleomargarine, and was not bad; and third quality, called the "insane butter," which was simply impossible and worse than none. Each member of the Board tasted it and immediately spat it out.

I CANNOT HELP FEELING THAT THIS GRADE OF BUTTER, OR GREASE, AS THE KEEPER OF THE COLD CLOSET CALLED IT, IS WORSE FOR THE PATIENTS THAN NO BUTTER, AND SHOULD BE ELIMINATED FROM THE DINING ROOMS. IT IS USELESS TO DECEIVE OURSELVES INTO BELIEVING THAT MANY OF THE INSANE DO NOT APPRECIATE A BUTTER AT LEAST AS GOOD AS IS GIVEN THE INEBRIATES.

A great deal can be said as to the excellence of certain arrangements at this hospital, but I suppose it is for us to criticize, to the end that improvement may follow our visits where there is room for improvement.

The last visit of the State Board to Foxborough was on August 23, 1912, when Dr. O'Meara visited the institution alone. There was no restraint or seclusion there.

On August 2, 1913, Dr. O'Meara, Judge Mason, Dr. Thompson and myself visited the hospital for children at Baldwinville.

The physician in charge, Dr. Page, was away for his health on leave of absence. There are about 105 patients at this hospital, which was, I understand, nominally for crippled children, but at present there are only about twenty crippled children, the others being feeble-minded and epileptic.

Dr. Howard and Mr. Whittemore had made frequent visits to this hospital, and it was in excellent physical condition. There is considerable renovating going on at present.

There are patients on third floors, which is not a desirable place for children, although there appeared to be plenty of fire escapes and some fire hose.

WE WERE, HOWEVER, INFORMED BY THE WOMAN PHYSICIAN PRESENT THAT THERE WERE NO FIRE DRILLS, WHICH I WOULD RECOMMEND SHOULD BE ORGANIZED.

The restraint book showed restraint and seclusion, one boy being especially long in restraint. There were many entries such as the following: "July 25, camisole and feet tied, 10.15 A.M. to 8.15 P.M."

I CANNOT BELIEVE THAT THIS IS A NECESSARY OR WISE THERAPEUTIC MEASURE.

We called for and saw this boy, who was a highly excited individual, al-

most in a manic condition, and should be sent to the care of those who understand handling cases of this kind, which it is quite evident was not the fact at this hospital.

Another case was found in one of the rooms, — a girl with a strong linen square placed over her arms and hands so that she could not use them for any purpose, the four corners being tied at her back. She was in bed, and we were told that it was necessary to do this to keep her from biting her hands. However, it was not considered a form of restraint, because it was a therapeutic measure, the acting superintendent told us. He also informed me that not being a State institution, they did not consider that they were obliged to report restraint, although they intended to do so.

There was no overcrowding in this institution, the grounds were spacious, with beautiful groves, and the institution delightfully situated.

WITH THE EXCEPTION OF THE CASES WHICH IT DID NOT SEEM THAT THE PRESENT MANAGEMENT WERE QUITE UP TO, THE PATIENTS ALL HAVE EXCELLENT CARE, AND A GOOD DEAL OF TIME AND PATIENCE IS USED IN THEIR DEVELOPMENT.

On December 3, Mr. James M. W. Hall and Dr. L. Vernon Briggs visited Westborough State Hospital.

The matters which we wish especially to call to the attention of the Board were, first, the Lower Codman, where we found three bath tubs. One was dirty and apparently had not been used for some considerable time; another had a mattress and sheet in it, the said mattress and sheet being covered with filth, fecal matter having gone through the mattress, both sides being stained and offensive, although dried on, and had evidently been there for some time; the third bath tub was covered with a very soiled piece of cotton cloth, which on being lifted revealed cleaning pails, old rubber hose and other objectionable articles for storing in a bath tub. The room itself was untidy, not clean, and the walls were defaced.

Out of 21 patients, seven had been out for one hour, although it was a beautiful day.

There was one safety razor blade and razor for shaving 21 patients.

The medicine closet contained considerable refuse, — cloths, cleaning materials, bottles of polish, etc., and was very untidy indeed.

The untidiness of the medicine closet and the ward in general was duplicated in the Upper Codman, where cockroaches were also running around the bath room.

Looking at the orders for wet packs, especially the order for one man who was in a wet pack, it would seem that they were not intelligently written. Sometimes the wet packs are ordered by telephone, without the attendant physician examining the patients immediately previous thereto.

One patient, more or less demented, was guiding and trying to take care

of another patient in the open-air room. The patient who was taking the part of the attendant was pushing this other patient around in an aimless sort of way.

In bed was a Chinaman who could not speak any English. We wondered how patients who could not be conversed with could be intelligently treated.

Several patients who talked intelligently, when asked if they had a tooth-brush, said no, but they would like one very much. Two said they had longed for one, to clean their teeth, but had been unable to obtain one while in the hospital.

We wondered why some patient could not be set at patching and painting in this Codman building, so as to make it more presentable and attractive to the patients who have to live here, as well as more sanitary. The outside of the building was attractive and neat, and looked like a new building. The inside was the opposite.

In the congregate dining room we found the food evidently clean and well cooked. The character of the coffee (if such it was) might pass for tea or cocoa. It looked as if some of the food was not very palatable, from the fact that it was untouched by some of the patients, which might, however, not have been the fault of the food.

In the kitchen and refrigerator room there was a great deal to criticize. The meat that was in the refrigerator looked as if it was old, and the odor in the room was exceedingly disagreeable. The poultry which was in the cold storage would not, in our judgment, be fit to serve to any human being; and directly over one of the closets there were a lot of old overshoes, rubbers and other unused articles of clothing which of course should not have been in any such place as that.

One of the sections of glass in the refrigerator was broken, and the whole aspect of the room was one of untidiness, of a disagreeable odor, and in striking contrast to what we had seen in other hospitals.

The general impression of this Codman ward, which was the only one we had time to inspect, was unfavorable, either to the best welfare of the patients or the credit of a State institution, and it is our opinion that some radical changes should be made by the Trustees of this institution if this ward is a sample of what the other buildings are in connection with the Westborough State Hospital.

The question of the proper supervision of private hospitals was also one which I felt was very important.

Several visits which I made soon after my appointment to the Board, generally in company with one or more of the other members, to certain private hospitals have already been recorded in a former volume. The Board had only supervisory power over these institu-

tions, and the licenses issued to physicians to conduct sanatoria and hospitals were evidently for life, as they were never renewed after they were once issued. It seemed to me that the most efficient way to control the conduct of these institutions was to have a law passed requiring them to renew their licenses yearly, and that the State Board should have the power to refuse or cancel these licenses if the institutions did not live up to the standards required by them. The history of my work on the State Board will show that this was finally accomplished.

That such protection for the public was necessary is clearly shown in my official reports of visits to these hospitals. The following is a report to the Board of a visit made on July 19, 1913, to the Channing Sanitarium:

On this day Dr. O'Meara, Judge Mason and I visited the Channing Sanitarium. We found an interne, or young physician, in charge, who did everything in his power to facilitate our inspection, but he could not produce the clinical or other records or the books of the hospital, which apparently were under lock and key, and he did not have access to them. Dr. Walter Channing and his son-in-law, Dr. Gregg, were absent. We found the hospital in excellent sanitary and hygienic condition and the patients apparently well cared for, except on the third floor of Hayden and upper floor of the wing, where fire escapes were inadequate and all doors and windows leading to them were locked. On the third floor of Hayden there was a very agitated patient; it would seem to be a dangerous place to keep any patient, especially patients of this class. There were three rooms for patients on this floor, with conditions as described in a previous report, excepting that all doors leading to the fire escapes were locked today.

We cannot understand the Board's restrictions on other hospitals and not on this one. On the upper floor of both the ell and the wing the fire escapes were obscure and the entrance to them locked, and the visitors and the assistant physician had to search for a considerable time before they found any fire escape. When one of the members of the Board did discover it, it was found to be a straight iron ladder attached to the side of the building between the windows at the back but near one of them. One of the members of the Board suggested that an experienced freight brakeman might use it, but hardly an insane patient. The inspection of the commitment blanks in



use bore out the previous report that no original signed voluntary papers were where the assistant physician could show them. Many of the patients were not in at the time of this visit.

As this visit was most unsatisfactory with no responsible person in charge, I paid another visit on July 24, 1913. Leaving out patients' names and such parts as should be treated confidentially, my report read as follows:

I today visited the Channing Sanitarium, of which Dr. Walter Channing is the proprietor and superintendent. I found Dr. Gregg, Dr. Channing's son-in-law, in charge, Dr. Channing being away for several days. Dr. Gregg has attended some clinics at the Psychopathic Hospital. Other than this, he apparently has had no experience with the insane, so far as I could learn from him, which probably accounted for his not being able to answer certain questions in regard to classification, etc.

I found 21 patients, all females except one; 12 of the patients were committed and 9 were voluntary. One patient, formerly at Dr. Stedman's, is here as "insane voluntary patient," having signed the following paper:

BROOKLINE, MASS., Oct. 3, 1911.

*To the Superintendent of the Channing Sanitarium:*

I hereby make application to be received as a boarder and patient in the Channing Sanitarium, and agree to submit myself to such treatment as may seem best by the physician.

(Signed) .....

Witness, J. M. Hoft.

What this patient's condition was when she signed this paper I have only verbal statements to corroborate, but she certainly is not in a condition at the present time to be classed as a voluntary patient. I found her much demented, and should not have recognized her as the woman I knew some years ago. She did not recognize me, although she had known me very well when in health. Before I entered the room I saw that she was somewhat agitated, running about from her bath room to her room in an aimless sort of way, repeating over and over again to herself or to some imaginary person the same remark. I would recommend that this patient be committed. Another patient, — — —, classified as "a non-mental epileptic," was so confused at the time of my visit that she could not tell me where she was nor answer any question intelligently. She was the only patient of those who had signed voluntary applications who had signed the regulation form, such as is used by the Psychopathic Hospital, and which I believe should be used in all cases

of voluntary commitment. [It is interesting to note that, although Dr. Channing evidently thought the voluntary blank form necessary for use by the Psychopathic Hospital, of whose Board of Trustees he was chairman, he used it in only one case of nine in his own private hospital.]

Of the "non-mental" patients, so called, I should consider that four have been wrongly classified, and only two have signed a voluntary paper. One of the others I should question, and the fourth, a manic-depressive case, has periods of suicidal depression and would be classified as a mental case by most physicians.

There are three patients classified as "sane-voluntary." One of these is properly classified. The other two I would not consider as sane cases. One of them I interviewed alone, and she failed to answer any question twice alike. Of the insane who were committed I should say all were properly classified. In one case application papers were made out to the Boston State Hospital by Dr. George F. Jelly, but the patient was committed to Dr. Channing's on July 2, 1908. There seems to be a discrepancy in these papers.

Many of the patients were transferred from other hospitals: one from Dr. Stedman's; one from McLean, after six months' residence at McLean; another after 11 days' residence there; another from the Psychopathic Department of the Boston State Hospital (of which Dr. Channing is chairman of the Board of Trustees) by commitment direct to Dr. Channing's, after four days' residence at the Psychopathic Hospital under the Temporary Care Act.

After visiting the room of a committed patient, I later returned to the vicinity of the same room, and was startled by loud screams and cries for help. In company with Dr. Gregg, I went in the direction of the screams, and on entering the room we found the patient, a very old and enfeebled lady, quite thin and more or less weakened by her disease, being held in a chair by two nurses, while a third was apparently cutting her finger-nails, which were already very short. The largest of the nurses, who was a robust person and very strong, had this poor lady under what is termed in insane hospitals a "strangle hold," with her arms across the throat of the patient, while the other nurse was holding her arms down. After we were well in the room I remonstrated, and the nurses immediately dropped the patient, and one made the feeble excuse that they were cutting her nails because she was likely to scratch them, which I met with the remark that if she was properly handled she probably would not scratch anybody. The patient fled to me, calling to me for protection, and it was with difficulty that I could pacify her and assure her that no harm would be done her.

Such treatment of a patient as the above should not be allowed in any hospital, public or private; it showed a lack of tact and training on the part of the nurses. The other patients looked well cared for. I found some of the non-mentals playing pool and otherwise enjoying themselves.

The hydrotherapeutic room was locked and Dr. Gregg did not have the key. He informed me that it was seldom used now.

The visiting book showed that no visit had ever been made by the State Board since 1899, and no visits were made by any member or agent of the



Board in 1904, 1906, 1907 or 1908; only one visit was made by an agent of the Board in 1901, 1903, 1909 and 1911. Last year and this year three visits each have been made by agents. Many of the earlier visits were made by women employees of the Board.

The sanitarium was immaculately clean, the rooms well kept and attractive, except on the third floor of the house called Hayden. Here the rooms were dark. I should urgently recommend that no patients be allowed on this floor. The passageway leading from the patients' rooms is dark, the stairs are rather steep and should there be a fire at the head of these stairs the exits to the fire escapes, etc., of which there are a total of three, would be entirely cut off and be as useless as if there were no fire escapes. It does not seem a proper place to keep patients. I find that Dr. Fuller, in his recommendations, has called attention to the conditions on this floor and recommended further fire escapes than he at one time found there, and those fire escapes have been added; still, I should not consider that the Board ought to sanction the present arrangement. Two doors leading to fire escapes I found locked.

On December 14, 1909, Dr. Fuller reported (of the only visit made that year by even an agent from the Board): "These rooms, however, are remote, and it might be very difficult to get patients of this class out in case of fire. The main staircase is dark and narrow, the other exit is rather inadequate and might be difficult to make use of in case of emergency."

In an article published in the "Boston Medical and Surgical Journal" about this time, Dr. Channing writes:

I believe men do not as a rule make good nurses, and, for the small wages paid in the State, it is almost impossible to obtain first-rate men. The best way to solve the problem is to steadily increase the number of women in the male wards, until they dominate the institution. For the care of excited men a few male nurses will be necessary to assist the women. The nurse must be gentle, she must know how to soothe and cheer, she must help to restore the patient to society as a useful worker and not a broken-down wreck.

From a perusal of the records of the Channing Sanitarium it is easy to perceive why Dr. Channing and his followers had recommended Dr. Tuttle, the head of the McLean Hospital, to succeed Dr. Howard on the State Board of Insanity instead of myself. It is also interesting to note that paying patients were transferred from the Boston State Hospital, of whose Board

Dr. Channing was chairman, to his private hospital, in one case direct, in others after a short residence in Dr. Tuttle's McLean Hospital. It was plain to anybody who knew the facts that one of the reasons why the proprietors of private hospitals did not want me on the State Board of Insanity was that they did not want the supervision increased. They had been running their own hospitals as they pleased, with slight, if any, supervision from the State. They were free to accept patients from families who did not wish to have their sick members committed through the courts, and whom the State hospitals would not accept without commitment. Channing began his persecution of me before I was named by the Governor for the Board (see my "*Occupation versus Restraint*" and "*Victory for Progress in Mental Medicine*"), and he was evidently afraid of my retaliating should I get on the Board, knowing at that time how well informed I was of conditions in his and other private institutions, and of the remissness of the Board as then constituted in visiting these institutions. It is doubtless true that the heads of certain other private institutions for mental patients were willing, for this same reason, to yield to his solicitations and join him in his unfounded accusations and malicious attacks upon me.

In my book "*Occupation as a Substitute for Restraint in the Treatment of the Mentally Ill*" I have published an extract from the visitor's book at Dr. Stedman's private hospital, "*Bournewood*," showing that in the years 1906 and 1908 no visitation whatever had been made there by the State Board or any agent thereof; in 1899, 1900 and 1902 the State Board sent only women employees; and in the entire period of

fourteen years, from 1899 to 1913, although the law required that the Board should visit twice a year, only one member of the Board, Dr. George F. Jelly, had been to Dr. Stedman's, and he had made but two visits. The executive secretary, Dr. Owen Copp, had also been there twice. Since 1909 no member of the Board had visited this institution, though their medical agent, Dr. Fuller, had been there several times. In my book "Victory for Progress in Mental Medicine" (privately published) I have given in full the report of an official visit I made to Bournewood, Dr. Stedman's hospital, on July 24, 1913. In this report I called special attention to the record in the restraint book of one patient, Mrs. C., to whom restraint had been applied "more frequently than I have ever seen in any records that I have examined of any other hospital anywhere." This patient, who had never been committed, did not know that she was considered a "voluntary" patient. She said that when she arrived at the hospital she had been forced to sign a paper stating that she came to the hospital by her own desire. She complained of having been hit and abused by attendants. All papers relating to this patient, both legal and medical records, had been removed from the hospital by Dr. Stedman, according to Dr. T., who was in charge during Dr. Stedman's absence. Another "voluntary" patient in this institution was so demented that he could not understand anything I said — his answers were almost unintelligible. Other lapses and irregularities were found in commitment papers. In several cases there were no legal papers available of any sort. There were many complaints from the patients of ill-treatment by nurses, and the provisions against fire were found to be very

unsatisfactory. I called the attention of the Board to the fact that, in the case of Mrs. C., Dr. Fuller, who had visited for the Board on April 22, 1913, had in his report laid special stress upon her condition and upon the fact that she was on a "voluntary" basis, but apparently his report had not been presented to the Board by the executive secretary.

In my report on Bournewood I made the following recommendations, all of which were later adopted by the Board:

I would recommend that the Board take some action which would require all hospitals to use one form of voluntary commitment. All sorts of papers are drawn up and signed at the different hospitals without any system or uniformity, and I believe that we should have one form for all hospitals for patients who desire to voluntarily enter a hospital, which embodies their status and what is required of them and of the hospital.

I would further recommend that all packs be reported and all continuous baths be reported, with reasons given; and that no reasons of a general character should be allowed, but detailed reasons given in every instance.

I further recommend that the State Board of Insanity shall visit private hospitals as a Board, and that the reports of the agents visiting these hospitals shall be read at open meetings of the Board, so that we may be kept informed of the state of affairs in the private as well as in the public hospitals.

Other private hospitals which I inspected were those of Dr. Earl E. Bessey, Dr. Edward B. Lane and Dr. E. H. Wiswall. At Dr. Bessey's and Dr. Wiswall's conditions were good, but at Dr. Lane's I found an irregular condition, which I described in the following report to the Board:

JULY 23, 1913.

I today visited the private hospital of Dr. Edward B. Lane at Wellesley, Mass. I was directed to a large house, but found this house locked up, although some of the upper windows were open. In the field I found two men, one of whom said that his father subleased that house of a man named Gray who had the lease of it for the last five years from Dr. Channing, and that before that Dr. Lane had a Mr. M. there as a patient, who now lived about half a mile away; that at the present time there was no patient there, no records, no

physician, and so far as he knew no member of the State Board of Insanity had visited the place during the last five years.

At the house indicated, about half a mile away, I found a Mr. Wendell W. Bemis and his wife. The former told me he had once had charge of Mr. M. at Dr. Lane's private hospital, which was owned, together with the surrounding land of about 100 acres, by Dr. Walter Channing.

He said that Mr. R. H. M., aged about fifty-four, was a patient at the aforesaid house for over a year, when it was decided that it was better for him to have a home of his own and he removed to his present residence, which was at first leased, but had since been bought by his brother, F. M., who is his guardian. Since establishing Mr. M. in his present home, Mr. Bemis has been in charge of the farm and outside work, while one Norman Beneke is now directly in charge of Mr. M. as nurse.

Mr. Bemis said that since Mr. M. left the Lane Sanatorium, as he called it, where he was from June until a year from the following October five years ago, Dr. Edward B. Lane, his physician, had visited him usually weekly. Other than this there has been no medical supervision so far as he knows. Mr. Bemis knows of no papers or documents, and had nothing to show me, even doubting his right to show me Mr. M.'s room, saying that it was Mr. M.'s private home and under no State supervision or control that he was aware of.

He said that since they first entered it, when somebody from the State Board of Insanity visited them, no member of the Board or any agent of the Board had been there during the last five years to his knowledge, and he felt sure that he would have known had they called.

He said that Mr. M. did not know that the house had been bought; that he was always desirous of getting away from it; and it would be impossible to keep him there if he thought they had bought the house and he was responsible for it.

The fact that this hospital was petitioned for as a licensed hospital for mental cases, when only one patient was seriously considered, it would seem, might cause some criticism.

THE FACT THAT THIS HOSPITAL HAS NEVER BEEN VISITED BY THE BOARD OR ANY MEMBER OR AGENT OF THE BOARD FOR FIVE YEARS, THAT THERE IS NO RECORD BOOK, NO RESTRAINT BOOK, AND NO PAPERS WHICH COULD BE SHOWN ME WHEN I ASKED FOR THEM, IS CERTAINLY NOT TO BE PASSED BY LIGHTLY.

This patient was apparently placed under care of a hospital, or at least under a certain amount of restraint, quite a time prior to the license of the hospital on November 6, 1907. What has become of the license for that particular hospital, which was then and is now owned by Dr. Channing, does not appear on any records; but on October 30, 1907, the proceedings of the Board set forth that "Dr. Lane desires a license to care for the insane in the town of Wellesley. Temporarily he proposes to keep a house on the estate of Dr. Walter Channing, located about ten minutes' ride from the Wellesley railroad station, on Great Plain Road on the Needham street car line. The house is entirely suitable for the care of patients, etc." On October 6, 1908, Dr. Lane



made application and notified the Board of a change of residence. On December 4, 1908, Dr. Wentworth, as the agent of the Board, reports the Brooks house is located one-half mile from the house kept by Dr. Lane, 113 Wellesley Avenue, rented by wife of patient, who keeps the house with him and an attendant. On December 10, 1908, the Board approved the Brooks house "for the care of mental patients," addressing its approval to Dr. E. B. Lane

That our Board, with the best of intentions, had little power to enforce its recommendations is shown by the following report, made some eight months later:

MARCH 10, 1914.

This day James M. W. Hall and L. Vernon Briggs visited the sanatorium, or Hospital for Mental Cases, licensed to Dr. Lane at Wellesley. The same conditions exist here that existed at the last report, and we feel that some steps should be taken regarding this institution. Either it is or is not a hospital for mental cases. If it is a hospital for mental cases, all the rules covering such institutions should be applied to this one. If not, then we should ask for a surrender of license and that the patient should be removed from legal control for a time, at least, as, after investigation, it does not seem necessary to have him under commitment. The fact that the license was given to a former building, which was leased by Mrs. M., the patient's wife, and is now given to Dr. Lane for a house not leased, owned or occupied by him, or any other physician, but owned by a private individual, the patient himself, does not seem to be in accordance with the purpose and custom of the Board's procedure. We would, therefore, recommend that Dr. Lane be asked to give up his license to this hospital.

The fact that the old Board had not visited Dr. Lane's Sanatorium is all the more mysterious in view of the fact that Dr. Fuller or Dr. Wentworth or other agents of the Board had visited the Wellesley Nervine, located in the same town, three times a year for the past five years, except 1910, when two visits had been made; and in 1912 the executive secretary had visited there.

I insert reports of visits to two other private hospitals made about that time:

On August 2, 1913, Dr. O'Meara, Judge Mason, Dr. Thompson and myself visited Pine Terrace, Dr. W. F. Robie's private hospital at Baldwinsville.

There are three houses connected with this property. We found all of the houses in disorder, and only one patient at present there. She was in charge of a nurse, who told us that Dr. Robie and his wife were at Brookline, Vt., where they have a farm with one patient. The patient we saw was depressed, but the nurse assured us much better than she had been. There was one room which was screened, in which this patient has been kept and at times locked in, but there was no restraint or seclusion book that we could find. The only other person on the property was a cook, who looked very much like a Swedish woman. Dr. Mullins, who keeps a cancer hospital in the centre of the town, is the attending physician here when Dr. Robie is away. The bath rooms were fairly good. Dr. Mullins, whom we sent for, and the nurse in charge stated that most of their patients were alcoholics. They sometimes had four or five there at a time. The house in which is the office, but no patients, was in great disorder, — trousers being thrown on the sofa and considerable dirt all around. Here Dr. Mullins finally found the registration book for the State Board visitations, but no clinical records of the cases and no record whatever of cases brought there or cared for there except the cash book.

I WOULD RECOMMEND THAT SOME FORM OF BOOK FOR CLINICAL RECORDS BE PRESCRIBED BY THE STATE BOARD OF INSANITY FOR THE USE OF PRIVATE HOSPITALS WHICH WOULD REQUIRE CERTAIN FACTS TO BE STATED AND CERTAIN RECORDS TO BE KEPT AND ENTERED REGULARLY.

The third house which we visited, where patients are kept, was occupied by a woman who knew very little about the hospital, but felt quite sure that Dr. Mullins was a partner. Both Dr. Mullins and Dr. Robie are evidently interested in the raising of cucumbers, large greenhouses being in the rear.

I BELIEVE THIS PLACE SHOULD BE VISITED FREQUENTLY UNTIL CONDITIONS IMPROVE.

On August 1, 1913, Dr. O'Meara, Judge Mason, Dr. Thompson and myself visited Elm Hill, a private school and home for the feeble-minded at Barre, Mass., of which Dr. George A. Brown is superintendent and proprietor.

This is a farm of 250 acres, which in its prime must have been quite an imposing place. There are four hospital buildings, three of which contained 55 patients. We did not see all of them, as several were out walking in the grounds. Those we did see were low-grade imbeciles, I should say, without exception. Several were doing work in and about the kitchen, washing dishes, etc. Dr. Brown was at some beach resort on Long Island Sound, and a matron and the Doctor's son, who is a third-year student at the Harvard

Medical School, showed us about. Neither seemed familiar with many of the patients or their condition, and so far as we could ascertain there were no records kept of the patients' condition, no clinical histories, and nothing which they could present to us — nor could they even give us a list of names of the patients. There was no restraint book or any other books which such an institution should keep. The son told us that they raised their own vegetables, raised their own steers and slaughtered them, and had some milch cows. There was a new ice chest in the house called the North Division, but the ice chest in the Central House was standing in so much water just outside the kitchen that boards were used to approach it. In neither ice chest was there a superabundance of food for 55 patients. The little there was, though of small variety, was good and apparently properly cooked. In the Central House, so called, the rooms and baths were satisfactory, except in the wing.

IN THE EAST DIVISION HOUSE THE ROOMS WERE DISTINCTLY LESS ATTRACTIVE AND THE THIRD FLOOR AND ROOM NO. 78 ESPECIALLY UNDESIRABLE, AND UNTIL FIRE ESCAPES WHICH FULLY MEET THE APPROVAL OF THE BOARD HAVE BEEN PLACED FROM THIS FLOOR, I SHOULD RECOMMEND THAT NO PATIENTS BE ALLOWED TO SLEEP THERE; AND FURTHERMORE, THAT NO PATIENTS BE ALLOWED TO SLEEP IN ROOM 78, WHERE THE TOILET, WHICH WAS APPARENTLY IN VERY BAD CONDITION, JUDGING FROM THE ODOR, WAS WITHIN TWO OR THREE FEET OF THE HEAD OF THE BED. EITHER THE TOILET HAS BEEN ADDED IN THIS ROOM OR ELSE THE BATHTUB HAS BEEN REMOVED AND A BED PUT IN ITS PLACE. IN EITHER CASE IT IS NOT A HYGIENIC ARRANGEMENT.

In the North Division House kerosene lamps are still used, although electricity has been installed in the other houses. KEROSENE LAMPS ARE OF DOUBTFUL EXPEDIENCY WITH THIS CLASS OF PATIENTS. The only other house on the premises is a large white house which is used usually for infectious diseases, and lately for an epidemic of measles, but it is just now unoccupied.

L. VERNON BRIGGS.

Submitted to Board August 8, 1913.

At a meeting of our Board, held later, Dr. O'Meara reported that he had conferred with Mr. Barnum, the new Attorney-General, and the ruling under which Mr. Hoar of the Attorney-General's office assumed that we had a right to close the Elm Hill Private Home and School for the Feeble-minded was not concurred in by

Mr. Barnum. Mr. Barnum thought that in an issue at law with the superintendent of this school, we would not be sustained if we tried to close it, because he did not interpret it that the law gave us any power.

FEBRUARY 4, 1914.

Mr. James M. W. Hall and Dr. L. V. Briggs today visited the Newton Nervine Hospital at West Newton, Mass. We found the buildings in good condition; the rooms well kept, each patient having a nurse; and only two locked doors, one an outside door to the cottage, the other a door to a patient's room, but inside there was a nurse with the patient. The kitchen was in a very fair condition. The store room was not especially neat. There were no continuous baths, and the restraint book showed a too free use of the wet pack, which in some cases amounted to restraint. In one or two instances a restraining sheet was added to the wet pack. *No member of the State Board of Insanity had visited this hospital in the four years that Dr. Mellus has had it.* The restraint book had no entries prior to July 25, 1912, having evidently been opened at that time. The next entry was January 4, 1913, since which time the records have apparently been regularly kept. Dr. Mellus hires this property from Dr. Paine, and expects to move to a new location on or before January 1, 1915. There were several patients who had signed irregular voluntary commitments. Of these, E. J. W. was not able to state clearly what she signed, and did not fully appreciate her condition or situation. The same might be said of E. W. and M. C. E. W. had signed a regular paper, but did not seem to appreciate just what she had signed. M. C., although a voluntary patient, required two nurses to get her into the hospital and into her room when we arrived in an automobile, and we were told that it sometimes required three nurses. The superintendent was very helpful in giving us all the information that we desired, and we were much pleased with the apparent care of his patients and with a cursory view of his clinical records, which seemed to be most satisfactory. The only question we would seriously raise would be that of the commitment of several of his voluntary patients and that of the wet packs, and that more care be emphasized in the use of the blanks prescribed by the State Board. M. L. K. had signed an irregular paper as late as July 6, 1913, and has not signed any other paper.

Is it any wonder that I made strenuous efforts to have these private hospitals — which had the charge and care of helpless invalids, held like prisoners — controlled by the State? The reader should keep in mind that the owners of these private institutions knew that

they would not be permitted to maintain their present conditions if they allowed me to remain long on the Board.

Although some hospitals undoubtedly had much better standards than these, the average term of service in the nursing force was about three months. Even had the medical service been of the best, and its personnel adequate, it would have been impossible to carry out proper medical treatment with such assistants. These people were with the patients night and day; the physician saw them for a few moments, sometimes daily, but in many cases only at intervals of a week or more, so inadequate was the medical service.

During my three years on the Board I made many efforts to improve this situation, of which I shall speak again later on. As with the problem of social service, these efforts were more fruitful in breaking down some of the old traditions and prejudices in the hospitals, and in educating the trustees, the Legislature and some of the voters as to what should be demanded in the way of hospital care for the unfortunate wards of the State, than in any great accomplishment within the State service, though results were by no means lacking.

The usual semi-annual conferences were held by the Board with the superintendents of the various institutions under its supervision during the year 1913.

At the first conference, held at the State House on May 20, the subject of training schools for nurses was under discussion, and most of the superintendents showed a lively interest in the subject. Many important aspects of the question were brought out, among others the possibility of co-operation between training schools in State and general hospitals, of co-operation



between State hospitals and the Psychopathic Department of the Boston State Hospital, of shorter hours, of better pay, of better food, of improved living conditions, of women nurses on male wards, of training male nurses, of educational requirements for both sexes, of separate training for nurses and attendants, and whether mental nurses should have general nurses' training and *vice versa*. Dr. Southard also brought out by a careful statistical showing that there was a much larger mortality among cases of delirium in general hospitals than among similar cases sent to State hospitals, and attributed this to the ignorance of the general hospital nurse of the proper methods of handling these cases, and to the fact that there was no law forbidding restraint in general hospitals. He stated his belief that restraint was practiced more in general hospitals than in hospitals for the insane. "I am even told," he concluded, "by experienced persons, that the jails have a better record from the standpoint of mortality in delirium cases than have some of the best general hospitals; for the patients are not restrained in these jails, and acute dilatation of the heart does not ensue. . . . Certainly the statistics of well-managed insane hospitals will demonstrate a lower mortality in severe cases of excitement and delirium than will the majority of general hospitals."

Most of the subjects discussed that day are still as important as they were then. The discussion served to show very clearly, not a lack of intelligence on the part of the superintendents, but a somewhat conservative spirit and a feeling of helplessness in handling the situation. Especially glaring was the demonstration that there was no standard in the State as to training

mental nurses, and no requirements made of the State hospitals to furnish training to their nurses and attendants. Under the circumstances, it is rather remarkable that conditions were as good as they were at that time. Several training schools existed, but most of the superintendents had themselves had no experience in any other than mental hospitals, and had no practical knowledge of the methods of organizing and conducting such training schools, nor of the methods of teaching in vogue in the best general hospitals. Naturally, the great problem which appealed to them was that of getting the work done in their respective institutions.

I concluded the session with a few remarks, among which I made the following suggestions:

We have got to raise the standard of education. Requirements [for admission to training schools] should either be high school or something equal to high school diplomas. . . . The pay of the student nurses should be made less than it is now, and when they graduate their pay should be much more than it is now, as an inducement for the nurses to take the course and work up to a salary which would be commensurate with the work they have done in the hospital and the time they have devoted to study and training. . . . In a good many hospitals there have not been many attractions, certainly no attractive positions, and the nurses and attendants have been taking care of these patients without any particular interest or encouragement.

Many complaints of abuses in some of the hospitals came to Governor Foss as they had been coming to me for years back, as well as appeals from nurses and attendants for better conditions and higher pay. These complaints and appeals he generally referred to the Board for investigation — or to me directly; all were investigated. As time went on the complaints became more frequent and urgent. Many of the superintendents and others in close touch with the State hospitals felt that, in order to secure and keep in the service

nurses and attendants of good character, it was necessary to provide better accommodations for them and to make their living conditions as attractive as possible, and also that their salaries should be greatly increased.

To my mind it seemed that several other faults in the nursing service should be corrected. There was not sufficient stress placed upon the different status of nurses and attendants. Intelligent, capable, tactful women were needed for training in the former class, and yet these pupil nurses were thrown in with ignorant, untrained and sometimes brutal attendants. It was certainly necessary to raise the standards in both classes. For the attendants, attractive living conditions and sufficient pay were important; but it was also important in their class, as well as with the nurses, to raise the morale by making their work so attractive as to hold their interest. For nursing schools, I felt that the higher the standards of nursing care, the more intelligent candidates we should have for training, and I believed that in many cases the work could be made much more interesting, not only by well-organized class work and demonstrations, but by stimulating the most modern progressive methods of work in the hospitals, — work with the individual patient, the introduction of handicrafts in the wards, and of music, amusements, folk-dancing, etc.; that is to say, that making the life of the patient more bearable would interest the right type of nurse far more than the routine of such custodial care as, in most instances, had formerly been the rule in these institutions. It seemed to me that there were enough women in the world to whom the opportunity for training to enable them to render human service

of the highest type would be a stronger appeal than the call to general hospital nursing.

Apparently no effort had heretofore been made by the Board to organize or systematize the nursing force nor to provide any required standard of training for nurses or attendants in the various hospitals. There were many examples of individual devotion and of long service among the nurses and attendants, but these people were the exception in the service. In most hospitals there were many ignorant and inefficient, and in some cases brutal, men and women, — casual workers, underpaid and drifting from one hospital to another, and very little attention was paid to their past records in engaging them. The following advertisement cut from a Boston daily paper shows one common method of securing attendants for these helpless wards of the State pursued in several of our hospitals:

#### ATTENDANTS AND YOUNG WOMEN

Hospital training schools; wages \$20 month; no experience required; will take new arrivals; character, references; meet supervisors, 10 to 1 o'clock Monday. Graham Colonial Emp. Bureau, 88 Boylston St., Room 6.

This advertisement was clipped from the newspaper and sent me by a former patient at the Danvers State Hospital, on September 22, 1913. He complained bitterly of the dishonesty and intemperance of the attendants, and added:

I enclose clipping of "Boston Sunday Post", September 21, 1913, to show you how help is hired in our State institutions, of which there are 15 in all. Those agencies who hire this class of help receive \$10, that being stopped out of the first month's pay. I would like to ask why is not this help hired through our State Employment Bureau and giving citizens and good, steady, sober men and women the preference.

## CHAPTER V

## THE INVESTIGATION AT WORCESTER STATE HOSPITAL

A great many complaints had come to the Board from the Worcester State Hospital, the oldest and one of the largest of all the State hospitals, some of which complaints I have cited in a previous book describing my efforts to put through certain legislation to abolish the indiscriminate use of restraint by nurses and attendants.

Conditions at Worcester were very unsatisfactory under the old régime.

I have large files of such complaints as the following from patients whose testimony was proven to be reliable:

June 1, 1911, . . . W. A. W. writes from Worcester State Hospital:

. . . One more of their brutalities. I was taken when I was so weakened I could hardly stand and lashed in a four-wheeled chair I should judge would weigh about 70 lbs. or more, lashed with twisted sheets and lashed up to water pipes by my armpits so chair, body and all was clear of the State floor, and then hot water was turned on till my whole shoulders and upper part of my body was a solid sheet of blisters; then broken ice, by  $\frac{1}{2}$  or  $\frac{2}{3}$  of a pailful was slung on to me until I fainted away. Yes it was done time and again by ——— and an Irish inmate by the name of Bowman, who was transferred to West ——— last Spring. . . .

Of course I well know what you and the noble Governor has already done has reached a lot of these damnable, horrid crimes; still one man has had his arm broken, and one had a number of his ribs and chest kicked in but a very short time ago. Will do my best to get the names of the two I speak of. . . . Why I did not write before, I had no chance to send it out. . . .

March 24, 1911, T. J. G. wrote from the Worcester State Hospital:



. . . The attendant who broke my rib and split my eye open, his name is ——. The attendant who threw me down on the floor and split my elbow, his name was ——. He was the charge attendant in Salisbury 2. Dr. Whitney came through Salisbury 2 one Saturday afternoon and he said to me, "How is your arm getting along?" I said to him, "It is very bad. These attendants do not dress my arm as Dr. Dobson ordered them to do. He told them to dress my arm every few hours. The first week they did as they were told, the following week they dressed my arm at 8 A.M. and 6 P.M. and the night attendant dressed my arm at 12 M. and 4 A.M. every night for a great many weeks." When Dr. Whitney and Supervisor Campbell closed the door going into Lincoln 2, the charge attendant who took S.'s place came at me like a wild man. He hit me in my jaw and I went down on the floor bang, and then he kicked me from the center to dormitory door; then he let me up and a patient whose name was Daniel Finnigan said to him, "What are you trying to do to him? Going to kill?" and then ——— went at him and gave him the same beating and kicking he gave to me and he had to go to bed and stay a week. This attendant's name was ———. I was sore all over my body. I could not lay down on my bed that was on the floor in the center. I had to sit up in bed for six nights before I could lay down again. When you come up to see me I will tell you what I have seen with my own eyes of the brutal treatment of the day and night attendants on the patients in Salisbury 2. I will swear to these things, that what I tell you will be the truth and nothing but the truth.

In another letter, dated March 20, 1911, the same patient wrote:

. . . While I do not wish to bore you at too great length, I desire to give you a few additional facts which came under my personal observation. I am knowing to thefts, drunkenness, cruel treatment and profanity on the part of many attendants in this institution, and can testify that I myself have suffered grossly from inhuman acts. I was brought to this hospital Aug. 17, 1909. I was taken by an attendant to a ward called Salisbury 2. I found the next morning it was a violent ward. I certainly found out it was such. I was pulled out of my bed one morning by an attendant; as it happened I did not fall on the floor. I came down on my feet and the attendant smashed me a punch in my eyes and split my eye open and when he hit me I went down on the floor like a log. Then he kicked me in my ribs and back and stomach and punched me and when he got through beating me he picked me up and put me back into bed and I couldn't catch my breath, and he noticed it and called the charge attendant and he said, "You have broken one of his ribs." So he telephoned to the office and Dr. Dobson came up and felt my side and sent down for some rubber bandages and put them on my side; and when I got out of bed and felt well again, about three weeks after, the charge attendant gave me the leg and I fell down on the hardwood floor and struck right on my

elbow. Then he kicked and punched me. I thought he was going to kill me. The next morning my arm and hand was swollen twice its normal size. I showed my arm and hand to a patient whose name was McShaffer. I said to him, "What do you suppose is the matter with my arm and hand?" He said, "Why, you have got blood poison." So he went and told the charge attendant and he said bring him to the medicine room and I will look at it. So he dressed my arm and hand and the next morning Dr. Dobson came through our ward and he said to the attendant, "What is the matter with that patient's arm?" He said, "He slipped down on the floor and split his elbow, and blood poison set in. I think it will be all right in a few days." Dr. Dobson said to the attendant, "In about a week I want to see that patient's arm." So the attendant took a pair of scissors and cut the bandage off and Dr. Dobson said, "Bring over to Thayer Two right away." When I got there Dr. Dobson was there with his shirt sleeves rolled up, and then he lanced my arm and then he pushed a needle with a piece of white cloth through my elbow. The attendant dressed it; then I went back to my ward. I was beaten and kicked a good many times after that. . . .

In February, 1912, Dr. Hosea M. Quinby had resigned and Dr. Ernest V. Scribner, superintendent of the Worcester State Asylum on Summer Street, was appointed superintendent of the Worcester State Hospital in his place. Dr. Stick, formerly assistant superintendent of the asylum, was promoted to the office of superintendent. These two institutions, with a population of about 1,366 and 1,260, respectively, were under the management of one Board of Trustees, and the trustees in those days had great power. In 1913 this Board consisted of T. Hovey Gage, chairman, Mrs. Carrie B. Harrington, Dr. Samuel B. Woodward, George F. Blake, Lyman A. Ely, Thomas Russell and Miss Georgie A. Bacon.

For some time after Dr. Scribner's appointment as superintendent of the Worcester State Hospital fewer complaints came to me from there, and I had reason to believe that conditions had been greatly improved, though occasional scandals were aired in the newspapers. A very intelligent patient, a former school

teacher, named Emma Gilman, wrote many letters to me and to Governor Foss, describing unkindness, inefficiency and cruelty on the part of attendants, and claiming neglect and lack of professional skill on the part of the physicians. I investigated her charges and those of others, and generally found considerable ground for them, even where they could not be proven, though I believe Dr. Scribner made every effort to provide a humane and efficient administration under very difficult conditions. Miss Gilman kept a diary, and sent me the manuscript of a book which she had written, entitled "The Cry of the Patients: Or Three Years' Study of Conditions of 'Treatment' in the Worcester State Hospital," dedicated "To all Those in Whose Power Lies Reform." Some of the headings in this book are:

- Hustled into Ten Different Beds in Eighteen Nights — On the Floor, etc.
- Nerve-racking Night Incidents.
- Lack of Proper Physical Care of Patients.
- Neglect of Sufficient Nourishment.
- Dangerously Incapable Patients doing Nurses' Work.
- Wrong, Abuse and Infinite Harm done Patients by Attendants called "Nurses."
- Intrinsic Worthlessness of Alien Supervisors.
- Daily and Nightly Criminal Neglect of Medical Prescriptions, Nourishment, Care.
- My Bed drenched from Sheer Spite — As a Result I was Ill about Four Weeks.
- Assaults personally Suffered, etc.

She goes into great detail, mentioning names and dates, and concludes with elaborate constructive suggestions for an ideal institution.

Although Miss Gilman was probably not in a condition always to place the right interpretation upon what she observed, I found her truthful in her reports as to

actual facts, and I believe that much more credence than is usually given should be accorded to such intelligent patients as she.

On June 16, 1913, an attendant named Henry Edwards was arrested for assaulting two patients on the head and face at the Worcester State Hospital, and taken to police headquarters. The following day Edwards was sentenced to a year in the House of Correction.

On August 15 of the same year Miss Ida Crane, a patient at the Worcester State Hospital, was attacked, it was said, by another patient with a mop handle, and was so badly beaten that her skull was fractured and her jaw bone broken; she died the following day.

In the fall of 1913 frequent complaints came from nurses and attendants in this and in some of the other State hospitals of the conditions under which they were obliged to work,—of long hours, overwork and insufficient pay. In October, some of the nurses at the Worcester State Hospital, under the leadership of one of their number, Miss Bessie Lukanoff (a very intelligent young Russian "intellectual," with the spirit of a martyr), framed a petition which they addressed to the State Board of Insanity. Before this petition reached the attention of our Board it fell into the hands of Dr. George W. Galvin, well known at the State House as an advocate of legislation in favor of the "under dog". Before presenting this petition Dr. Galvin read it before the Boston Central Labor Union on the evening of Sunday, October 19, 1913. The following day he presented it direct to Governor Foss, although it was addressed to the State Board of Insanity: The petition read as follows:

"BOSTON EVENING TRANSCRIPT," MONDAY, OCTOBER 20, 1913.

BOSTON, MASS.

*To the State Board of Insanity, State House.*

GREETING.—The undersigned, employees of the State Hospital at Worcester, respectfully call your attention to the existence of certain conditions at this institution. Specifically, your attention is directed to the following facts:

1. Long hours of employment.
2. Lack of sufficient help, resulting in the lack of proper attention to patients and inefficiency.
3. Unusually poor food.
4. Inhuman and outrageous conduct on the part of the authorities in charge of the attendants.

As a result of the above conditions there is very little co-operation, satisfaction or efficiency in the entire institution. The system of conducting same has been completely demoralized by reason of the above conditions, and with a consequent waste of the money of the Commonwealth.

Because of the long hours of employment, the attendants at work in the institution have very little time for self-improvement, rest or recreation. And although we have a fifty-four hour bill in Massachusetts covering the employment of women, the attendants of this institution work from sixty-nine to eighty hours per week, in violation of the law of the State. As a matter of fact, the attendants here are substantially working fourteen hours a day.

With reference to the second complaint of insufficient help: Usually there are about three or four nurses on hand to attend to the patients, when as a matter of common sense there should be from twelve to fifteen nurses on hand. This condition frequently leads, necessarily, to the use of force on the patients.

It should also be stated here that the attendants are not provided with sufficient surgical and other apparatus and supplies for the proper care of the patients.

In conclusion, we would respectfully ask your Board (meaning the State Board of Health, Lunacy and Charity) to make a thorough investigation of the present conditions at the institution, to the end that the following changes may be instituted:

1. A new system of administration.
2. More attendants.
3. Shorter hours.
4. Better and more wholesome food.
5. Courteous treatment of the attendants by the superiors in charge.
6. More instructions to the attendants along the line of their work.

The signers of this petition have adopted this method of calling your attention to the conditions of the institution rather than through widespread publicity. And while it may appear that the substance of this petition is of personal grievances, as a matter of fact, it is done for a twofold purpose,



— to improve the conditions of the attendants in charge and to improve the administration of the institution, to the end that the money of the State may not be wasted.

Respectfully submitted:

BESSIE LUKANOFF,	MARY B. REACH,	D. McPIKE,
B. ALMA FOSTER,	MINNIE M. McKENZIE,	CATHERINE CAMP,
HELEN CULPAN,	HAZEL R. WARE,	KATHERINE MORLEY,
PEARL FLETCHER,	JENNIE H. HAINS,	KATHLEEN E. MUDDOCK,
HELEN ANDERSON,	BEATRICE M. WILSON,	DAISY L. FROST,
LIDA MACALL,	MARY E. NEAT,	MARY KIERSEY,
JEANNETTE BOWEN,	MABEL A. LIVESEY,	NELLIE M. CONNOR,
NORA C. SCHIEFIELD,	MARY HAY,	EDITH ROBERTS,
BESSIE McDONALD,	AMELIA L. STEWART,	GERTRUDE ROBERTS,
ISABELLE M. KENNY,	MABEL SKIDMORE,	WINIFRED HIGGINS,
MARY E. ROCHE,	JOSEPHINE M. KEEN,	AMANDA BARBIN,
IDA C. LAWSON,	BERTHA CORKUM,	REGINA RAUCHUK.

This petition was first brought to my notice and to that of the other members of the Board through its publication in the newspapers.

The "Boston Journal" of October 20 came out with large captions on its front page: GREAT ABUSES AT WORCESTER; ALLEGATION OF NURSES. The article, omitting the repetition of the petition and some unimportant details, read as follows:

#### ABUSES AT WORCESTER: ALLEGATION OF NURSES

Thirty-six women attendants at the Worcester State Hospital for the Insane have petitioned the State Board of Lunacy for an immediate investigation of conditions at that institution, according to a statement made by Dr. George W. Galvin of 180 Huntington Avenue before the Boston C. L. U. yesterday afternoon. . . .

The Doctor announced yesterday that the statement presented by him before the Union has been forwarded by him to Governor Foss. In his opinion the conditions at Worcester are duplicated in similar State institutions elsewhere, and in his letter to the Governor accompanying the statement he urges a sweeping investigation. . . .

Dr. Galvin said yesterday that the Building Trades Council favors an investigation of asylums and penal institutions, and is of the opinion that as 85 per cent of the insane of such institutions are from the working classes, representatives of the working class should serve on the commission controlling them. . . .

## Writes to Governor Foss

Dr. Galvin's letter to Governor Foss, accompanying the petition, is as follows:

"Hon. EUGENE N. FOSS, *Governor of Massachusetts.*

"YOUR EXCELLENCY. — Enclosed please find a copy of a complaint filed with the State Board of Health, Lunacy and Charity from the attendants at the Worcester Hospital for the Insane. Reading between the lines you can readily see that violence and outrages are committed upon the patients. I hold, as a medical man, that these hospitals are primarily for the insane, and that our first care should be to administer them to cure in so far as possible, but at least to ameliorate. The complaint made of insufficient and poor food, of excessively long hours of toil for attendants taking care of nervous patients, then, too, the fact that too few nurses and attendants are employed, is a valid one.

"Your Excellency can reason that such a state of affairs is one wherein no benefit to the patients can be the result. The main reason for the establishment of these institutions is specifically to care for the insane and to heal, in so far as that is possible, those mentally sick. It would be a hardy man that would argue in the face of these damaging statements by the attendants that these hospitals were fulfilling the purpose for which they were established.

"In my opinion a similar state of affairs exists in all similar institutions in the State, and also in our penal institutions. In due time evidence will be placed before you. As the Executive of this State, you are bound to investigate these things and make conditions such that our asylums and prisons shall be something besides the chamber of horrors they are today.

## Mentions Other Institutions

"During the late strike at Lawrence you were very quick to call out the troops at the first suggestion of a fist fight; more violence and outrages take place daily in our institutions than took place during that whole struggle. If there existed need for troops at that time, what about the need for ending these abuses?

"Imagine your own wife or daughter or one that is near and dear to you being confined in one of these infernos.

"Hoping that this will not fall on deaf ears,

"Yours truly,

GEORGE W. GALVIN, M.D."

180 HUNTINGTON AVENUE.

Charles E. Thompson, secretary and executive officer of the State Board of Insanity, which has supervision over the Worcester State Hospital and similar institutions, admitted that attendants might be required to work sixty hours a week. The fifty-four hour law, he said, would not apply to such institutions.

When accident or maltreatment injures a patient, the nurse is supposed to report the circumstances, he said, and if necessary the Board sends out a special investigator. The number of attendants depends, he said, on the class of patients. He said that he had heard no complaint of conditions at the hospital, though he had visited it twice recently, once only last week.

After learning of this scandal, Dr. O'Meara, chairman of the Board, and a resident of the city of Worcester, without waiting to call a meeting of the Board, immediately sent for Dr. Thompson, our executive officer, to come to the Worcester State Hospital and with him to look into these charges. The following report of their findings was not made public until later:

WORCESTER, MASS., October 20, 1913.

INVESTIGATION OF CHARGES MADE BY THIRTY-SIX OF THE  
NURSES AT THE WORCESTER STATE HOSPITAL TO THE  
STATE BOARD OF INSANITY, STATE HOUSE, BOSTON.

Present for the Board: Dr. M. J. O'Meara, *Chairman*; Dr. C. E. Thompson, *Executive Officer*.

Edna I. Tyler, *Stenographer*, 311 Main Street, Worcester.

The dinner served to the nurses on this date (October 20) consisted of vegetable soup of good flavor, made from beef stock with rice and celery; roast beef with brown gravy; boiled potatoes in jackets; stewed fresh tomatoes; bread pudding; bread and butter, and milk. I tasted every article on the menu, with the exception of the boiled potatoes. I found them all of excellent quality and good flavor.

At one end of the dining room one of the nurses said she thought the dinner was above the average. At the other end of the dining room one nurse, speaking for four or five nurses sitting about her, said the dinner was an average dinner.

Miss Bessie Lukanoff, whose card states that she had had previous experience in the Massachusetts Eye and Ear Infirmary for three months, and whose service in the Worcester State Hospital began in June, 1913, was called, but failed to appear until in the afternoon, after others had testified.

Miss Bessie Lukanoff, who was the first petitioner, was informed by Dr. O'Meara:

Miss Lukanoff, this is the State Board of Insanity; this is not the Board of Trustees of the Worcester State Hospital. We want you to understand that we do not come here to get anything out of you that you do not want to tell. We do not come here to stimulate you to talk unless you want to expose your

grievances. We are not prejudiced one way or the other. The reason we are here is because we understand that you people petitioned, through Dr. Galvin, for an improvement as to food and other conditions which you do not find satisfactory. Now, if you have such grievances, we want to listen to those grievances, and if they are such as we regard as well-grounded, we want to co-operate with you to have them righted. I want to listen to anything you have to say in the way of complaint or grievances.

MISS LUKANOFF. I had just one. I think you read the complaint of what we have made.

DR. O'MEARA. We read what was stated in the newspaper.

MISS LUKANOFF. I think the original will come to you, and will explain to you everything that is necessary for you to know. Another fact is: That petition sent in is — what you call it? A — just simply to call your attention to something that is in existence here and to investigate the case. Before I start to do that, I put in my language for four and a half months that I have been here. I have a diary written in my language —

DR. O'MEARA. What is your language?

MISS LUKANOFF. Russian. You can see right through it what is doing in the wards. I wasn't very much on many wards — only on Folsom 2, and Woodward 1. I was there only three months, and things were doing there which were horrid and which you can call it "inhuman treatment." I won't put it no less — I don't know how to express it — if it wasn't known to the officials here it ought to be. It was the 21st or 22nd of July or August — I don't remember which one it was — it is in my papers — but one of the nurses was discharged for being cruel to the patients. I was a witness of what was doing in the ward at that time and I was a witness to most horrid things, so I came to Dr. Whitney and asked how it was reported to him, because I heard the girls were leaving in the dining room — because the people here are, many of them — they don't know how to take care of themselves, especially in such a sickness as insanity, so I came to Dr. Whitney and asked him how it was reported and he said it was reported that she was cruel to a patient. And I told him how it was, describing the details. I told him if he is prosecuting the fact that people are cruel to patients — I can't explain it right, you will have to guess what I want to say — but I told him if he is prosecuting the fact that people are cruel to patients, he will have to go through the wards and discharge all the nurses, because they are all cruel to the patients. You think it is a long speech I am making, but I am telling you the truth.

DR. O'MEARA. There are some specific charges, and those are really what we want to get at?

MISS LUKANOFF. Yes, there are.

DR. O'MEARA. It is the specific charges that have been made, and your relation to them, that we want to get at. You think the hours are too long, do you? Answer Yes or No.

MISS LUKANOFF. I certainly do. You must know by the way we signed the petition what we think.

DR. O'MEARA. How long have you been required to work in one week?

MISS LUKANOFF. They claim we have 15 hours off for recreation. We work from 6 to 8, and they say we have an hour and a half off for our meals, daytimes, but I know I don't have full time for my meal times, and very often I get off the Ward to my dinner when it is quarter past the time, and often it is only 10 minutes I have for time to eat my meals, and then, when I come to the dining room, the nurse appoints the time I have to stay in the dining room till I go back again. Another thing: if I have a half hour from Woodward 1 to the Center, it takes about — well, at least 5 minutes, and sometimes 7, to unlock the door and lock it and get to the dining room, and we have sometimes to do things for the patients on the way. So, very often it is — and it is *very* often that we are late to our meals; and it is the most common that we are late to our dinners.

DR. THOMPSON. When you first began speaking, you spoke of the "Originator" of the petition?

MISS LUKANOFF. What's that?

DR. THOMPSON. You spoke of the "Originator" of the petition, and what we want to know is who the "Originator" of that petition was. What do you say?

MISS LUKANOFF. This gentleman asked me if I would say this thing for him — if I am working long hours, and it is very well understood if I signed the paper that I would say "Yes."

DR. THOMPSON. When you came into the room first, didn't you speak of the person who originated that petition?

MISS LUKANOFF. No.

DR. THOMPSON. Who originated it?

MISS LUKANOFF. I think it is all right — and so far as I think now, I will keep it to myself; you can find it out later.

DR. THOMPSON. You circulated that petition?

MISS LUKANOFF. What's that?

DR. THOMPSON. You brought it around among the girls to be signed?

MISS LUKANOFF. Yes, I did; I bring it around among the girls to be signed.

DR. THOMPSON. Who drew it up? Did you?

MISS LUKANOFF. No, I didn't draw it up. Well, I will explain. I draw it up in my way the conditions illustrating the things just as they were. What was, according to my view, not right, but from my poor English I could not make a petition complete; perhaps I could make a sentence or two sentences, but it would not be a good petition to sign. It may not be good sense in English.

DR. THOMPSON. Did someone employed at the Hospital draw it up?

MISS LUKANOFF. No, it was a person outside.

DR. THOMPSON. What was his name?

MISS LUKANOFF. You can find out his name for yourself; I don't think it is necessary for me to mention his name now.

DR. THOMPSON. We are anxious to find out all the facts?



MISS LUKANOFF. You can't find out any facts from that person, now.

DR. THOMPSON. From whom will we find out?

MISS LUKANOFF. From that person, perhaps, later.

DR. THOMPSON. From that person?

MISS LUKANOFF. Yes.

DR. THOMPSON. How can we find out from him, if we don't know who he is?

MISS LUKANOFF. Because he will later come to you.

DR. THOMPSON. Why don't you wish to tell his name?

MISS LUKANOFF. I can tell his name, but I don't think it's any use, because you will find out just the same.

DR. THOMPSON. But you don't want to tell us?

MISS LUKANOFF. I don't want to tell his name, but I will tell it. Mr. Royer.

DR. THOMPSON. Where does he live?

MISS LUKANOFF. I don't know where he lives, but his office is at 43 Tremont Street.

Q. In Boston? A. Yes sir.

Q. What's his particular interest in this case? A. Because I think it is everybody's interest when things are not as they ought to be, in such an institution.

Q. Is he related to you? A. It does not mean that he should be related to me if he is going to stand for the right thing.

Q. That is true, but I was just wondering. A. No, I didn't ever see him before, I saw him the time I needed him; but I had heard of him. Well, yes, I did — I saw him a few times in lectures, Socialistic Lectures, but I wasn't acquainted with him, personally.

Q. What does he lecture upon? I don't seem to know him. A. I can't describe to you what it was he was lecturing about.

Q. Was he lecturing on social problems? A. Well, something of economical conditions.

Q. Did you go to him with those conditions, or did he come to you to find out about it? A. No, he didn't come to me; I went to him, — but before I went to him, I went to some other people, too.

Q. To whom did you go before going to him? A. Can I ask a question?

Q. Yes. A. What are those particulars that you want to find out about who it was and how it was? For what?

Q. Because I want to get the whole story and the information about this whole petition, and about how it originated; what the conditions are in order to know what we should do towards correcting them. A. It would not do you any good to find out that, inasmuch as the conditions, themselves, speak for themselves.

Q. But those are the things we want to know about? A. The conditions of themselves, speak for themselves.

Q. Yes. But that's what we are very anxious to find out about? What are those conditions? A. Before you find out all those other things, the

proper way would be to find out the condition of things here, and then to find out those other things.

Q. BY DR. O'MEARA. Did you ever work more than 60 hours a week here? A. Yes, I did.

Q. Did you ever complain of it? A. Yes, I did, and then I worked 60 hours just the same.

Q. To whom did you complain? Did you complain to any of the Doctors that you were being worked more than 60 hours a week? A. Oh, complaints are nothing here. There are people who have lost 40 hours that have only been here a few months and they don't get anything by complaining. One day I was not well and I was off and the next day I was off, too — I wasn't well — and finally, the next day I was, I think, 2 hours off somehow in the morning — I mean before noon, and then — or it was one hour I was off — I don't remember how much I did have then, and then they offer me to go on duty again, being all day on day duty, and I not being well, and they offered me — no, not "offered" me — they ordered me to go on night duty; and I think it's inhuman for people to deal with insane people and do work for them as we did, and have to fight and fight and fight with them. You people can speak of the things and it's all right but to *learn* the things, we have to deal with the facts, and those facts you can know from the people who are here; but most of the people here don't know anything what means one thing or what means another thing, because for a person who is in charge of 32 patients, and sometimes more (sometimes that ward runs as high as 53) fails to have such knowledge so as she will put dry sponges on sores of patients without washing with creolin, or without any washing, and if she puts those sponges on without wetting, and somebody says "well, it wasn't right," then she says she knows better because she kept the patient yesterday without washing the sores, and on somebody complaining to the Doctor that it was dry sponges, and it wasn't washed even, I think it would be better to be looked into more closely, and have them look out for what persons they trust so many patients with.

Q. BY DR. THOMPSON. You are mentioning happenings on the Wards. Have you ever reported them on the blanks which are furnished for you to report them on? A. What blanks?

Q. These blanks. (Reads) "Having full knowledge of the conditions of this Ward I declare that I have no direct or indirect knowledge of any improper condition of affairs, or any case of abuse or accident other than reported in the blanks provided for that purpose." A. I didn't have any blank like that since I am here. I didn't see those before.

Q. What's that? A. I never saw this piece of paper — that kind of a blank.

Q. How long have you been here? A. Four months and eight days.

Q. And never saw one of them before? And never had your attention called to them? A. I never had in my hands such a piece of paper.

Q. Have you ever seen this one? (Showing witness another form of blank) A. I saw one of those once before.

Q. Have you ever been a Supervisor? A. No sir, but I saw how they report them. They are reported not right, and I don't know how they dare to sign their names that they have full knowledge of conditions, when they haven't any knowledge of things, absolutely.

Q. When you came to work, who instructed you about your work—about your duties? A. Nobody instructed me. I am acquainted a little with the things. I read quite a little before so when I was here about three weeks, when I came first to Woodward 1, they asked me to take the temperature without asking me if I knew how to take it. They didn't show me how.

Q. Didn't you receive instructions as to how to handle your patients? A. No sir.

Q. And your attention wasn't called to the fact that you were to report the maltreatment of patients on special blanks? A. No sir, and I never heard of the existence of such a blank.

Q. And you never heard that anybody ever reported it? A. No sir.

Q. I mean whenever there were any abuses? A. If there was in the Ward I would have seen it.

Q. Whenever there has been any difficulty or abuse of patients, when they existed, have you reported that fact to the Supervisor or Head Nurse? A. They conceal everything in existence and they don't seem to understand that it is cruel. I know it is.

Q. Have you ever reported those conditions to the Head Nurse or to the Supervisor? A. Well, I have told some of them a few things—I did when I saw them.

Q. But you haven't actually reported these difficulties that you have had with the patients? A. I did; and they know it very well. For instance, I told the Supervisor when one patient attacks another or if a patient attacks the nurse.

Q. Has a nurse ever attacked a patient, to abuse her? A. That's a question?

Q. Yes. Have you seen them? A. I have seen them and I have done it myself.

Q. You have abused patients, yourself? A. I did. I told you that I kept a diary since I came here—well, not since I came here, but from a point which I considered interesting, because I didn't mean to stay here long, and I thought it important for remembrance. Finally, it was the first of September, when I got most the fact—that I hurt a patient. She attacked me but I was alone, and it was not in self-defence. Well, it was really, a sort of self-defence, but a different self-defence. I was so nervous it was something like I was painful—and I got mean, I think.

Q. What did you do to the patient? A. I pulled her by the hair.

Q. Did you put her on the floor? A. Not on the floor.

Q. Did you throw her on to the bed? A. She got me by the hair—I was helping dress her and she got me by the hair and she threw herself across the bed. It was breakfast time, so all the nurses were in the dining room preparing the breakfasts and she put her feet in my stomach and pulled my hair

and in her hands — I was absolutely helpless in her hands. Well no — I was trying to put her feet off from out my stomach so the patients helped me to get away from her and when I freed my hair from her, I took her by the hair and I shook her good on the bed. I didn't throw her on the floor.

Q. Did you report that circumstance to the Supervisor? A. No, I didn't report it to the Supervisor, I told the other nurses.

Q. What was the other case? A. The other case was when one of the other patients was all annoying. She was getting up and taking all the clothes off her, and I was for two days without any time off; and so I got so nervous I took her by the shoulders and threw her into bed. I took her by the shoulders and shook her and threw her into the bed.

Q. Did you report that to the Supervisor? A. I told it to the girls, but not to the Supervisor, but that's nothing!

Q. Have you ever had any trouble besides on those two occasions? A. Well now, another thing. When putting patients into the baths if there are one, two or three patients who are quite wild, it is impossible to lift up that number of patients with one nurse, — it was once — it is on my paper, that we took one patient to the bathroom and one was dragging her by the hair and one was dragging her by the arms and in that way we dragged her from the dormitory to the bathroom, on the floor. I call that abusing her.

Q. Who helped you to do that? A. One nurse — we didn't have but one nurse, and we needed more, and that patient needed to be washed. She wouldn't go herself.

Q. This patient needed to be washed and wouldn't go to the bathroom, and one nurse took her by the hair and another took her by the arms and dragged her to the bathroom? A. Yes.

Q. Was that reported to the Supervisor? A. That was not reported to the Supervisor because it was a thing that was so common.

Q. You didn't report that to the Supervisor? A. Well yes — the first of this month — I have a few of those facts also that I made in my book. I think the second of this month, one patient was very wild, she didn't have a nurse to take her down. It was breakfast time, and there was only one nurse there, and that nurse threw a sheet over her head and we threw her on the floor and put — we threw a sheet over her head and then threw her on the floor, and I helped to drag her by her feet and the other nurse was dragging her by the hair with one hand and struck her with the other.

Q. From where did you drag her and where did you drag the patient by the legs to? A. Dragged her from one ward to another ward to get her to the bathroom and back through one hall and the space and the other hall.

Q. That was the first of October? A. That was on the second, I think. And another case: I think it was the first of October when I was going with one of the patients to the classroom. She had to have some examination and we were on our way to the classroom. While we were on our way I met two nurses sitting on a patient. The head of the patient was — no, I can't say it — I have it on the paper, but one nurse was sitting on the patient



with her knee on the shoulder of the patient and the patient's hands were in the nurse's hands and another nurse was sitting on the top of her — on top of the patient, and the feet of the patient were tied up with a sheet, and one of the patients did that, because the nurses were not able to do it themselves. The patient's feet were tied up, and there was one nurse sitting on the patient's stomach and the other one was with her knee on the shoulder, and she had the patient's hands in her hands, and when I saw them they said — they asked me if I was going up to the office, and I said, "Yes," and they said, "Let some one know that we need help." There were only two nurses on the ward at that time.

Q. Did you send some one to them? A. I reported it. On my way to the office I was stopped a few times because there was a patient from Phillips 1, and she had many other patients she knew — she was years and years here — I don't know how many it was, and she knows most of the patients here — and she stopped and talked to them, and I couldn't take her along at once.

Q. It took you a little time? A. It took me a little time. I didn't find the Supervisor in the office, but I found some assistant and she telephoned for someone to go to the hall. I don't know how it ended.

Q. Did you consider that that was an abuse? A. I don't know how I could consider it otherwise, when there aren't enough people to handle them. If I don't consider it an abuse — I don't say when there isn't enough people to do it they can do any other way but if there are other people — enough to handle the patients, I don't think it would be necessary to do it.

Q. Two nurses to one corridor? A. Only two nurses on the whole ward. It was two nurses for a whole ward — it wasn't for a corridor. That is only just comparing what goes on. These are just special cases which happened. These things don't happen every time but these are special cases.

Q. You didn't report for duty this morning? A. No.

Q. Why not? A. Because I was sick.

Q. Did you have a doctor? A. Yes. (Witness produces doctor's certificate.)

Q. How long have you been employed here? A. Four months and eight days.

Q. How long have you been in this country? A. Four years and almost ten months — nine months.

Q. What did you do before you took up this work here? A. I was a dressmaker. I did some other kind of work, too, before that — during the time — and after I came here I was doing different things. It isn't that I was all the time a dressmaker.

Q. Had you done hospital work in Russia before coming here? A. No, I hadn't.

Q. What were you doing in Russia? A. I was just studying.

Q. Why did you take up hospital work? A. Because I was tired of being always in shop work. I don't know as I was tired of shop work — I wasn't exactly tired of shop work, but I am interested in studying physi-



ology — it is somehow near to the history of the human race and its cultivation, if I know physiology and its theory, it helps me in studying and understanding psychology. If I know these — so and so, — it helps so and so — something else, and these seemed to be a good chance to take up psychology and hygiene, and it explains the economical questions of these two lines of science.

Q. For what object, in fact, are you interested in physiology and psychology? What is to be your special object? A. The special point I am working for?

Q. Yes. Is it to be a professional — ? A. Not as a professional but as far as I can get it, I want to. This is my point of view: as I have to exist, I have to have some sort of a profession; but a profession and money isn't the only thing with me for my studying. It is to get certain points of knowledge.

Q. BY DR. O'MEARA. Have you ever seen any specific acts of inhumanity? A. I did.

Q. Do you understand what I mean by "specific"? A. Yes.

Q. State one such instance. A. I think it is one if you are working the whole day; from 6 to 8, and you go on duty again from 8 to 6 — 24 hours to not be out of the ward. It is demanded of many of the nurses and we get discharged for refusing to go. You don't know how to act otherwise. Then, too, if you are sick, you don't have any attention.

Q. You've had that experience, have you? A. Yes. One time when I was only off for about two hours, they asked me to go on again. The day before that day I wasn't able to come on duty — I wasn't in condition to; and the next day I had only two hours off and they asked me to stay here again because one of the nurses was injured by a patient and it was necessary to have some one in her place. The other nurse took her place and she was a whole day on but went and slept all night. I don't know that we should follow the examples of these fools; I don't think they deserve any other name — but excuse me for such a rough expression.

Q. BY DR. THOMPSON. Have you got your book — your diary in your room now? A. No, not in my room. I don't keep my papers there because I saw the people were coming after me.

Q. "The people were coming after you"? What people do you mean? A. Right here. I don't know who they are — some of them. I didn't want some one to take it. Although it is in my language, there's always some one who could explain it.

Q. So it is not in your possession now? A. No, it isn't here. I told Dr. Whitney I have a diary, but he didn't even take interest enough to know what it was, and he was the very one that it should be interesting to.

Q. Is it where we can see it? A. Is what where you can see it?

Q. Your diary. Is it where we can see it or examine it? A. Not now.

Q. I mean the State Board of Insanity. Can we see it? A. Yes, but I have to get it, because I brought it to a friend of mine.

Q. It isn't here at the hospital? A. No; the way I describe it, it is

the way I tell you. It was for myself that I take it, — just with the little remarks, so that altogether it may show my own feelings — my own experiences and all those things. I can translate it altogether, the way it is. Some of the things you can throw away, because they are personal; but maybe those that are personal also might be interesting. I don't know how you people would find it.

Q. When this petition was put into proper shape for signatures, it was sent to you? A. It was given to me. I went to the — I had all the things that were necessary to have and it was written, and it wasn't sent to me.

Q. What wasn't sent to you? A. The petition wasn't sent to me. It was written before me.

Q. After you got the signatures on it — after the nurses signed it, did you send it direct to the State Board of Insanity? A. No, I didn't.

Q. To whom did you send it? A. I sent it to the person who wrote it, and he was to go to the State Board of Insanity with it, instead of sending it by mail.

Q. But we have not received it? A. Perhaps it wasn't time yet.

Q. We saw a notice in the paper about it. We have not received the petition and I was wondering where it went? A. I don't know. Perhaps it isn't time for you to receive it.

Q. Do you know Dr. Galvin of Boston? A. Yes sir.

Q. Did he send it to the paper? A. Yes, I guess so.

Q. Is he the one that arranged it for you? A. He didn't arrange it for me, but he helped me in some ways.

Q. He, personally, helped you? A. Yes sir.

Q. Did he come up here to do it? A. No, he didn't come up here to do it. No one came up to see me.

Q. How did he help you? In what way did he give you his help? A. In what way a person can give his advice. In what way you could give help, so things are going to be fixed up — that's the way he could. The fact is so much depends on the circle of your — I don't know the word — the people that you are among, and if they are people in high authority or with influence, it depends so much — if I would say something, and you would take it just as if it were said by some little girl, that perhaps knows nothing; but if it is said by a person that you know has a high position or is somehow high up in the eyes of the public and in high respect, you would take his words differently from mine. I would do it myself, and no one can say it isn't so. So I was just going to say that I, myself, knowing very little of the rules or laws or anything, without any understanding only that I claim to be trying to say things as far as I can write and as far as my friends can write, it is a book of daily history — just a theory —

Q. Do you think the food is poor? A. I feel that it is poor.

Q. In what particular? Is there enough of it? A. It is enough, such as it is, but the food is poor.

Q. Is it poorly cooked? A. Yes, and not only that but it is cooked and cooked. For instance, how would you like to have, of the same fish, once

fish fried, then fish chowder and then hashed-fish and then fish-balls? Fish after fish, and fish after fish? Most of the food is fish. It's like this: I believe in beans, when they are cooked properly, but if the beans are dry and cold so you can't break them with a fork, it is different. Suppose we had some barley, then when you have a bushel of barley you haven't the same substance for everybody — I can't explain it — but the way it is prepared, you can't always use it.

Q. But your complaint is that it is poorly cooked? A. The food is poorly cooked and it's not very good, and I don't see that fish — always fish — is good food.

Q. BY DR. O'MEARA. Today I went into the dining room and tasted some of the food and I thought it was pretty good? A. Don't think they have that every day! And when they do it is not good.

Q. Don't they have meat every day? A. Yes, I was somehow stopped on one question. When people claim they come here to investigate the place and investigate things, when they come it isn't always the same way as it is when they don't come. Sometimes it is quiet and smooth — when they come, and they just march through and glance around and they don't look into it closely; they come for a few minutes and go away and they say they have investigated and they know about things. I think people who stay here and deal with things have a right to say that they know better than those who only come and stay a few minutes. I don't know which way you will take my words, but I just simply say just how I feel.

Q. BY DR. THOMPSON. That's just what we want you to do — tell just how you feel? A. For my part, I don't have anything against the personality, because personality is about the individuals, but the facts — the acts that are done by personalities here ought to be somehow prevented, or — I don't know how you would call it.

Q. Have you ever reported to the Supervisor, or Dr. Scribner, the way you feel about the food — have you ever called their attention to it? A. Not specifically to the food, but I have reported everything I felt and everything I can repeat now I reported, to Dr. Whitney. I told him about the nurse before the Doctors came. They know when the doctors are coming, and before they are coming, the Supervisor telephones and says, "So-and-so Doctor is coming!" And everything is smooth, and plain and nice when the Doctor comes, so he don't see what's doing in the ward. And I say it's a crime for people who have responsibility of insane people, and they don't know how to do their work and take care of them as they ought to, so I told Dr. Whitney what I saw and know, and I asked him if he would like to have details. I told him about the diary I had kept, but he didn't pay any attention to it. He only said he was glad to have people come to him and speak about those things, but I didn't see any results of that.

Q. Did you give him the details? A. I did.

Q. But you felt that he didn't pay any attention to it? A. I know he didn't. Then I spoke twice to Dr. Shorer, also about all the things.

Q. Did you speak to Dr. Shorer about the food? A. About all the

things. I didn't point out "specifically" — what you call specifically on special things.

Q. You spoke about the conditions in general? A. In general. I spoke that there are some *charges* that aren't fit to be charges.

Q. And in your petition — in this petition, you suggest — the first thing you suggest that there should be a new system of administration? A. We have absolutely no system in the ward. For instance, the Charge Nurse, instead of paying attention to her patients, as she is in charge of things in the clothes room, she is busy and when the breakfast time comes, or it is something else — she don't see how the patients eat, or what the patients eat, and when the Supervisor comes to see if they have had their food, she speaks the way she feels, — the way that would be more right.

Q. You mean the patient or the nurse? A. The nurse. The nurses are changing all the time and they don't know anything about the patients. Absolutely nobody knows anything about the condition of the patients, and I think some form of administration ought to be had. When I come back on duty I have to know in what condition my patients are so as to take care of them. Perhaps some of them didn't eat; perhaps some of them didn't have their pillows moved; some one needed their bed changed, and it seems to me that I ought to have some instructions about the condition of things when I come in to do my duty.

Q. You work 60 hours a week? A. They call it so. I don't call it 60 hours, as much as I have off from duty.

Q. I haven't any more questions to ask but we would be glad to hear anything you wish to say. A. I don't see why Dr. Shorer don't pay attention to that Charge Nurse, and see that she don't know how to attend the patients. When we had three patients with sores, and they are not attended to. The dry sponges were put on just to cover it up, to have something to say that they had done. These sores were, for the longest time, without any attention, until one of the nurses pointed it out. I spoke to Dr. Washburn and told him that they were putting dry sponges on, then she put a piece of banana on the chin. She had three or four pieces of banana on her chin to keep it cool, — I mean the patient herself, put it on; and when the doctor found it out, he ordered sponges wet with creolin, but it didn't get attended to until the next morning.

Another thing, about creolin. Creolin comes in two ounce bottles, and we had only one bottle in the ward, and when that creolin was used up, we sent it down to get filled up, and it didn't come back. Very often when it goes to be filled, it is often that it don't come back at all, and we have to fix the patients without disinfectants or without anything. We don't have anything to do with. We don't have any rubber sheets in our ward and —

Q. What ward is that? A. Woodward 1. And then about mattresses. We have what we call "Painted" mattresses; but besides the painted ones we have quite a few plain ones. One mattress was wet and they brought it into the drying room and put it against the wall so it would get the air through it. The Charge Nurse who was fixing the room folded it up into three or four parts



and put it in the dryer, but the dryer wasn't heated, and it was up there all last week — I forget what day it was, but it was wetted on Saturday morning and I found it Wednesday morning — no, Thursday morning, I found it in the dryer. I thought it was dry enough because we have very little straight mattresses, and it was not comfortable for the patients. I thought I would take it for one that was not comfortable and I got the mattress and found it was so wet, so I found little worms. I pointed them out to the Charge and she said she didn't know who put it there, but the girls there said she put it there. I don't feel like speaking about people like that, but it's a fact; and finally it was thrown out on the ground. I believe it is still on the ground now; I know it was put out on the ground and it is there now. If you want to go to Woodward Ward 1, you can find out. It was last Saturday there; I don't know whether it is there still; but from a week before Saturday — not last Saturday, but a week ago last Saturday it was put there. One of the pillows was weeks and weeks in the bathroom and it was wet there from one bath to another. Patients sometimes asked to be comfortable, and they have them in the bathroom; but it was soaked through for weeks like that, and they wash it most every day, and it was found out in a cold dryer. Perhaps it will dry as it is, but not unless there's more air.

Q. Have you any further information you wish to give? A. I have just as much as you want.

DR. O'MEARA. I guess that will do.

This report shows that it was the real object of the investigators to find out who was responsible for the petition, rather than to go right at the charges made in the petition and investigate these. Having elicited all the information they could get from Miss Lukanoff as to the origin of the petition and as to whether she had reported to supervisors or to doctors, the investigators cut short the interview while she was apparently still ready to tell them of further cruelties practiced in the hospital. But in face of this one-sided interview, it is interesting to note the statement of conditions then existing which Miss Lukanoff brought out in her answers, in spite of the language difficulty; and her desire to improve these conditions could not fail to be endorsed as reasonable and just.

Even the conservative "Boston Transcript" pub-



lished the nurses' appeal in full on the evening of October 20, and the morning papers of the 21st were bristling with headlines, most of them featuring the charges of abuse of patients which the nurses had made to show the dire straits to which they were put by shortage of help in the wards and the lack of all suitable training in the handling of mental patients. Of course the papers sent reporters to interview the nurses and all concerned, and the reports on the 22d were still more sensational: "More Cruelty to Women at the State Hospital" ("Herald"); "Insane Tortured — Dragged by Hair," with portraits of nurses, etc. ("Journal"). Thirteen more nurses signed the petition, though some later withdrew their signatures, either under pressure from the hospital trustees, or because they had merely intended to complain of almost unbearable conditions for themselves, but not to lay themselves nor others open to charges of cruelty. *Esprit de corps* among nurses is strong, and the fact that so many had brought themselves to sign this document, and that so many of them had the courage to stand firm in their accusations to the end, in spite of the reflection on their own characters, tends to prove how serious the condition at Worcester really was.

After a second day's private hearing, Dr. O'Meara decided to call a special meeting of the Board, and the following letter was addressed to the members of the Board:

STATE BOARD OF INSANITY, STATE HOUSE,  
BOSTON, October 22, 1913.

L. VERNON BRIGGS, M.D., 64 Beacon Street, Boston, Mass.

DEAR DOCTOR: — At the suggestion of the chairman, it has been learned that all of the members of the Board find that they can be present at a meeting to be held Friday, October 24th, 2.30 P.M. A meeting, then, will be held, at

which will be considered the petition received, signed by thirty-six nurses of the Worcester State Hospital, making certain charges and filing certain complaints, together with which will be submitted such information as has been obtained by the chairman and executive officer for the information of the Board.

Very truly yours,

CHAS. E. THOMPSON,  
*Secretary.*  
(N. F. B.)

## CHAPTER VI

CONFERENCE WITH GOVERNOR FOSS. — GOVERNOR ORDERS INVESTIGATION BY STATE BOARD OF INSANITY. — THIRTY-THREE NURSES RECANT. — FIRST HEARINGS AT WORCESTER, OCTOBER 28, 29 AND 30, 1913. — BODIES OF MISSING PATIENTS FOUND IN LAKE

On the 23d of October the Governor called me in conference, and as a result the following official letter was addressed to the State Board of Insanity:

OCT. 23, 1913.

Dr. CHARLES E. THOMPSON, *Executive Officer, State Board of Insanity, State House, Boston.*

DEAR SIR: — Owing to complaints which come to me in respect to conditions at the Danvers and Worcester Hospitals, I feel that definite steps must be taken at once to the end that our citizens may have better protection and care. As a first step, kindly send me at once a list of the injuries, accidents and violent deaths (which includes, of course, suicides and homicides) for the year ending Oct. 1, 1912, and for the year ending Oct. 1, 1913, together with a report of what was done in each case. Especially do I wish you to tell me who was responsible in each case, if anybody.

I am compelled to ask you for this information because I find to my surprise that the information I need is not embodied in your annual reports, although in other States the public documents and reports to the Governor give in detail the information I am seeking.

My request for information applies to all institutions under your supervision, both public and private.

Yours very truly,

EUGENE N. FOSS,  
*Governor.*

Sensational headlines in the papers relating to conditions at the Worcester State Hospital continued. Under the heading "Nurses tell of Torture at the Asylum" the "Boston Journal" of this date said:

## NURSES TELL OF TORTURE AT THE ASYLUM.

OCTOBER 23, 1913.

Thirteen more nurses have added their names to the formal charges regarding the treatment of attendants and patients at the Worcester State Hospital for the Insane, originally signed by thirty-six attendants and presented to the Governor Monday, coincident with their exclusive publication in the "Boston Journal."

In all, forty-nine of the ninety-eight nurses employed in the woman's department of the institution have now subscribed to the charges. Moreover, the charges have been corroborated by Councilman James A. Watson, who has investigated the institution.

Governor Foss has called a special meeting of the State Board of Insanity for tomorrow. "We must put an end to brutality in the treatment of the unfortunate insane," he declared yesterday, following a long conference with Dr. L. Vernon Briggs, a member of the Board. He said further:

"There will be a general and thorough investigation of the insane institutions in this Commonwealth. If the charges are true there will be some drastic changes at Worcester."

Dr. George W. Galvin, who presented the charges made by the thirty-six nurses at the Worcester State Hospital before the Central Labor Union last Sunday, criticizes the Governor in a letter to the "Journal" on the ground that action rather than investigation is what is needed at the present time. He urges the immediate removal of the administrative officers and visiting boards of the State hospitals where abuses exist, and advocates the choice of workmen to succeed them.

The district attorney at Worcester, the police and the medical examiner have on several occasions been called to investigate sudden deaths at the insane hospital. In one year two patients died from neglect and abuse, and trials in each case failed to fix the blame.

James A. Watson of the Boston City Council says that when he made his investigation he found few

patients enjoying the fine grounds of the hospital, and was told there were not enough nurses to take them out. He describes witnessing the "kneeling" process, by which nurses sit on or kneel on the stomachs of inmates to keep them quiet.

"I was going through the woman's department when I came upon a nurse sitting on the stomach of a woman inmate," he said. "The nurse, a large woman, as soon as she saw me, arose from the patient. A doctor was with me and I asked him if he thought it beneficial to 'knee' a patient the way the nurse had 'knead' this one. He only laughed.

"This 'kneeling' process has resulted in a great many cripples and deaths in our hospital, and is one of the greatest evils that exist. It is very dangerous. There is no outward mark left to show that any brutality has been used.

"In one ward I saw an old woman being held by two or three nurses, and another nurse was treating her feet. The work was done in full sight of other patients. The old lady was screaming and blood was flowing from her feet. The work should have been done by a doctor, or at least off the ward."

Continuing, the writer quotes in full a long letter written by Dr. Galvin to Governor Foss from which I take one paragraph:

I have enough evidence in my possession against these individuals to indict and convict them of criminal negligence in the performance of their duties. Candidates for Governor are going about the State wailing about the dividends of the New York, New Haven & Hartford railroad and the merging of electric and steam railways. I say, what of men and women, human life and happiness? If the Governor is sincere, — and I don't doubt his sincerity, — for he has shown more humanity toward the victims of our legal machinery than any Governor since the late Benjamin F. Butler — I say don't go to the Legislature for new statutes: we have too many now."



The papers of the 23d and 24th all had large headlines in which the words "cruelty," "brutality" and "tor-ture" were common. In fact, the question of fair treat-ment for the nurses and attendants was quite in the background, in the face of the statements which had been brought forward through their complaint of the abuse to patients. In addition to an article on the subject the "Boston Post" of October 23, 1913, printed the following editorial:

## INVESTIGATE

"BOSTON POST," Oct. 23d, 1913.

The charges of cruel treatment of inmates made by three nurses of the Worcester State Hospital for the Insane, are explicit and serious enough to warrant a most thorough investigation, which, it is to be assumed, the State Board of Insanity will at once make. If half the accusations of inhumanity and neglect are true, there ought to be a raking out of the institution that will cause the governing powers of other similar places to sit up and take notice.

According to these nurses, women patients have been dragged unclad over the floors of hallways so that splinters entered their bodies; have been beaten in the face; permitted to throw themselves against iron walls; forced to sleep in cold rooms, without sufficient bedclothing; given bad food and thrust into vilely unsanitary surroundings. The story is one of horror from beginning to end.

We do not know how much faith can be placed in this recital. The nurses may have some grievance that has colored their charges somewhat. But the charges have been made and they are now published broadcast. The honor of Massachusetts demands that they be sifted to the bottom. There is no meaner and more inexcusable kind of cruelty than that visited upon poor and unfortunate people who have been bereft of their intelligence. If it exists at all in any of the institutions of this Commonwealth the stain of the disgrace must be eradicated.

Before the meeting of our Board on October 24, Governor Foss again sent for me, this time with Dr. O'Meara, our chairman, and instructed us to go fear-lessly about the Worcester investigation and to leave no stone unturned in our efforts to ascertain the exact truth. All of the members of the Board were present

at the meeting which followed, and we listened to a verbal report of the inquiries made by Dr. Thompson and Dr. O'Meara at Worcester, as the stenographic report was not yet in shape.

Although we sat for nearly three hours, we could naturally come to no conclusion of any importance from the testimony presented. Two other statements from nurses and attendants at the Worcester State Hospital were presented for our consideration. The first was signed by forty-three of the male attendants and read as follows:

*To the State Board of Insanity.*

We attendants employed in the male wards of the Worcester Hospital wish to express our regret that charges of cruelty and abuse of patients have been made against this institution. We know of no such abuse and thoroughly believe that such conditions do not exist, but can attest to improved conditions in general under the direction of the superintendent.

The other statement was also a general denial of conditions as depicted in the original petition:

*To the State Board of Insanity.*

The undersigned members of the Worcester State Hospital Training School for Nurses, in view of a certain petition addressed to the State Board of Insanity purporting to describe intolerable and inhuman conditions as existing in said hospital, solemnly and sincerely state that to their best knowledge and belief the abuse and neglect of patients as described in said petition do not exist. That such charges reflect with discredit upon their reputations and profession. That certain signers of the aforementioned petition subscribed to it under a misapprehension and deception, believing that certain complaints as to diet and lack of nurses at times, also hours of labor would be presented to the administrative officer who has such matters in charge.

Your petitioners, therefore respectfully beg your consideration of this declaration (signed by thirty-three female nurses).

Evidently many of these nurses were frightened at the publicity accorded to their statement, especially at seeing in print their own confession of abuse of

patients, and hastily recanted lest they lose their positions.

The excitement of the public was so great that the newspaper reporters were in attendance waiting to learn the result of our meeting, and Dr. O'Meara, in accordance with our vote, issued the following statement, which was published in the next morning's papers.

At a hearing of the State Board of Insanity today to consider questions raised by the petition of certain nurses at the Worcester State Hospital, the chairman and executive officer reported their investigations up to the present time. Two further petitions were received from employees at the hospital, copies of which are given.

The investigations of the Board are not finished and no conclusion has yet been reached. A meeting of the Board will be held Tuesday, October 28, at Worcester for further investigation.

Governor Foss's letter, asking for a report of accidents, injuries, etc., was presented to us at this meeting, and the following day Dr. Thompson sent him his reply:

STATE BOARD OF INSANITY  
STATE HOUSE, BOSTON

OCTOBER 25, 1913.

His Excellency EUGENE N. FOSS, *Governor of the Commonwealth of Massachusetts, State House, Boston, Mass.*

DEAR SIR:— In response to your request of the 23d instant I am sending you, enclosed, lists of injuries, accidents and violent deaths reported to the Board for the years ending Oct. 1, 1912, and Oct. 1, 1913, respectively.

For the year ending October 1, 1912, there was a total of 21 accidental or violent deaths. Nine of these were accidental, 7 of the patients having accidentally fallen, and in 2 cases death occurred from accidental choking while eating. Nine others were suicides. Of the remaining 3, in one case there were injuries by an attendant, who was arrested and later acquitted of the charge. One patient died — the report states "probably by apoplexy" — who was assaulted by an attendant a few days previous to death. The third case died from poisoning with suicidal intent, poison having been taken by this patient before admission to the hospital.

Two accidents or injuries were also reported during this period, one where patient fractured his own arm and the other an assault by an attendant. In this latter case a letter was sent to the institution by this Board.

For the year ending October 1, 1913, there were 23 deaths. Of these, 10 were suicidal, 6 were from accidental falls, and in one case patient turned the hose or spray upon himself in the bathroom. In addition, there were 22 accidents or injuries reported to the Board.

Our records of the accidental deaths, injuries, etc., are rather voluminous, and have not been submitted with this report, but if there is any further information which I can furnish in regard to any of these cases, I shall be very glad to do so.

Respectfully,

CHARLES E. THOMPSON,  
*Executive Officer.*

The Fifteenth Annual Report of the State Board of Insanity, covering the work of the year 1913, was published in July, 1914. Owing to the Worcester scandals the State hospitals were much in the public eye, and I felt, with other members of the Board, that perfect frankness in regard to all happenings in these institutions was due the public in whose interest they were maintained. Therefore our Annual Report took up the subject of casualties in some detail, which caused a certain amount of newspaper criticism, but the publicity, I think, proved healthful for the hospital service. I take the following from our report:

#### CASUALTIES

A considerable number of casualties have been reported to the Board by the superintendents of institutions under its supervision. Many of these were of minor importance and some of a serious nature. These reported cases do not represent a basis for criticism of the institutions from which they are reported, because it has not been possible to clearly designate just what must and what need not be reported. Manifestly, if the requirement for reporting a given casualty depends on its gravity, there will be a difference of opinion in a large number of instances as to the necessity of filing a report.

One hundred and fifty-six cases were reported. Forty-eight per cent of these happened when the patients were alone, 42 per cent involved others (either fellow patients or employees), and 10 per cent were undetermined. One hundred and thirty-five cases were of known origin. Of these, 12 were suicides, 17 were sudden deaths without suspicion of violence, 1 was too trivial for consideration, and 105 were injuries of greater or less severity of known cause.

An analysis of the injuries from known causes shows that 33 per cent resulted from contact with fellow patients; 24 per cent resulted from falls (unassisted); 20 per cent resulted from contact with attendants or nurses; 4 per cent resulted from epileptic seizures; 20 per cent resulted from various causes, as follows: 6 cases from accidental or self-inflicted wounds; 2 cases from scalding; 1 case from exposure to weather; 2 cases from ball-playing; 3 cases from working out of doors; 2 cases from jumping from windows; 1 case from burn from steam pipe; 2 cases from choking by food while eating; 1 case from mistake in medicine.

In 35 per cent of these 105 cases the responsibility appeared to lie with the patient himself.

In 30 per cent it was placed on a fellow patient.

In 23 per cent it was placed definitely on the attendant or nurse.

In 12 per cent it was not definitely placed.

A study of the ages of the patients gives no special light on the subject. The ages ranged from six to ninety years, and 21 per cent were over sixty years of age.

A larger number and better grade of attendants would contribute toward the prevention of some of these casualties; but even so, there would still be accidents. Many other elements in the situation are contributing factors, and among the means of prevention we believe should be mentioned the following: larger opportunity for hydrotherapeutic treatment; better facilities for employment and diversion in light, attractive and uncrowded rooms; increased medical supervision to enable greater attention to individuals; and smaller units for housing, which will permit of better classification.

A brief account of some of the reported casualties of the year follows. This office has sent many of these accounts to each of the superintendents soon after the occurrence, in the hope that a study of them might stimulate thought as to means of preventing in one institution what had already happened in another.

A male patient at the Worcester State Hospital, suffering from his second attack of manic-depressive insanity in the excited phase, was noticed to be unwell. He was feverish. Tubercular bacilli were found in sputum. There were signs of trouble in the chest, but no injury could be found. Two more examinations were made on the following day, and only on this second examination was a fractured rib detected, with no mark on the surface. The patient died three days later.

A most searching examination was made by the hospital authorities, by an agent of the State Board of Insanity, and by the State police. No definite placement of responsibility could be made. He had special nurses, both night and day, during his whole period of hospital residence. He was exceedingly active, excited and bizarre in his conduct. There were two short intervals when he was left alone.

The probability of injury from his own senseless activities, or of contact with another patient, seems the most plausible explanation.

A male patient at the Worcester State Hospital, suffering from general



paralysis, had an acute retention of urine, requiring the use of catheter. He was confused, euphoric and restless, and difficult to keep in bed. He was found to have a severe cystitis and symptoms of a general septic infection, but eight days later, after blood had appeared in his urine, he appeared to be in pain and an examination showed fracture of several ribs on each side. His body showed no signs of bruises or marks of violence of any kind. He died two days after the fracture was noticed. The autopsy showed the usual changes of general paralysis, fractures of twelve ribs, unusual brittleness of the ribs, chronic infection of the bladder, and a general septicæmia.

A most searching inquiry was made as to the cause of this injury by the hospital, the State Board of Insanity, and the State police. A senile, demented man on the ward accused one of the attendants, who denied violence.

There was evidence that the patient had fallen several days previous, when he was catheterized, and it was necessary for two attendants to assist in holding him. The supposition is that the injury was caused by crush of the chest, but it was impossible to get any direct evidence of the cause. Outside of the suspicion created by the testimony of the demented patient there was no reason to suspect any attendant.

A male patient at the Taunton State Hospital, while eating his breakfast, attempted to thrust his fork into his throat, apparently with suicidal intent. He did but slight damage, and the abrasions were promptly attended to with antiseptic precautions. Septic infection, however, followed, and five days later the patient died. No autopsy was held on account of the objections by the family.

He had never previously given any evidence of suicidal intent.

A male patient at the Northampton State Hospital, sixty-five years of age and feeble-minded, while eating his dinner, choked with a piece of beef in this throat. The nurse promptly went to his assistance, but being unable to relieve him, telephoned for the physician, who came promptly and removed the obstruction. The patient was, however, cyanotic, and respiration could not be re-established.

He was not one of the feeblest patients, and had always been able to masticate the regular diet, so that it had not been necessary to confine him to the soft foods, as is done with the feeble patients.

A senior nurse at the Danvers State Hospital was bathing a female patient. She was assisted by two other patients. While the nurse was drawing the water for the bath, a blind patient in the next room called for assistance. Knowing the urgency of the call, the nurse went to her relief, but left her key to the hot-water faucet in the tap, and the water running. During her absence, from three to five minutes, the patients who were assisting in the bathing put the patient into the tub. The superintendent of nurses, happening to pass through the ward, noticed the patients alone, giving a bath without the supervision of the nurse. She immediately investigated, found the water of a dangerously high temperature, and removed the patient. The nurse acted in direct opposition to orders and rules, with which she was well acquainted. She was discharged.

The patient, who was a general paralytic, died two days later. The matter was reported to the District Attorney, but no action was taken. The superintendent reported, shortly after, that changes had been made in the hot-water system, whereby the temperature is controlled by a thermoregulator.

A female patient at the Danvers State Hospital, probably with dementia præcox of long duration, was cared for in one of the colony buildings. She was quiet, apathetic, indifferent, rarely spoke, and usually sat in one place most of the day. She made no trouble, was difficult to get out of doors, and showed no tendency to wandering away or to escape.

One morning, soon after breakfast, she was missing. No trace of her could be found, in spite of most painstaking search and wide advertising. Twenty-three days after her disappearance her body was found in one of the extensive corn fields, where the farmers were cutting the corn for ensilage. This corn was very thick and very tall. The fields are very extensive, and had been searched through by several individuals.

A female patient at the Westborough State Hospital was bed-ridden, much demented, restive, untidy, and incoherent. A physical examination showed that she was arteriosclerotic, with a high blood pressure. She had contractures of the limbs, which necessitated her going to the toilet and back in a wheel chair. She had had many attacks of excitement, characterized by restlessness and shouting, and at these times she would often become very cyanotic. These episodes were usually of short duration.

Two nurses were giving her a bath in the tub, one holding her head, elevating her. Suddenly, the patient appeared to collapse, and fell back in the water. Momentarily, her head was submerged. She was immediately removed, and taken to her room. On the way she talked and breathed, but was so very cyanotic that the doctor was sent for. Artificial respiration was employed, but without success. The patient suddenly died.

The medical examiner made careful inquiry, and came to the conclusion that death was from natural causes. Autopsy was objected to.

It is not believed that the momentary submergence of her head had anything to do with the death, inasmuch as she breathed for some ten minutes afterwards.

A female patient at the Worcester State Asylum, who was at times noisy in her talk to imaginary people, but never aggressive or troublesome to those about her, was fatally assaulted by a fellow patient with a floor polisher. The resulting injury was a fractured skull. The assailant was suffering from psychosis of a paranoid form, and during more than three years of hospital life in two institutions she had never been threatening, abusive, or in any way inclined to violence, except on one occasion about a week previous to the present assault. At this time she rather viciously attacked a little, deformed patient, seizing her by the throat, and trying to throw her to the floor. No injury resulted, and the affair did not attract much attention. The floor polishers had recently been changed from a light implement to a heavy one, weighing about 25 pounds, for the express purpose of preventing such misuse as this.

A male patient at the Grafton Colony of the Worcester State Asylum escaped from one of the buildings, and committed suicide by throwing himself before a passing train.

Investigation of this affair seemed to show gross neglect on the part of the attendant.

A male patient at the Gardner Colony, confined to his bed in a single room, was fatally injured by a fellow patient, who assaulted him with a floor polisher. The assaulting patient was known to be dangerous, and had been kept in seclusion for a considerable period. It would appear that, through some confusion of orders, this patient had been allowed to be out of seclusion, and was left alone with the victim on the second floor of the building, while the attendant went down to get their dinners.

Some of the attendants clearly understood the situation, while others, who were called upon to relieve from time to time, did not so understand it.

A male patient at the Bridgewater State Hospital, who was deeply demented, had to be watched constantly at meal time, to keep him from filling his mouth with large masses of food. More recently it had been necessary to feed him with soft solids, in order to prevent him from choking himself.

One morning, about 7 o'clock, he seized an orange from another patient, and pushed it into his mouth, and deep into the throat. He fell to the floor. The attendants immediately came to his assistance, and being unable to remove the obstruction, sent for the doctor. It was with the greatest difficulty that the orange was finally removed, but not before the patient had become asphyxiated.

A male patient at the McLean Hospital, who was violent and destructive, had shown repeated tendencies to attack those about him. He had a special nurse at night.

On one occasion the patient went to the toilet, and on his return came up behind his nurse, who was sitting at a table, and attacked him. A struggle ensued, in which the patient was injured. Symptoms of internal injury developed, and after surgical consultation an exploratory operation was performed. An internal hemorrhage of the bowel was found, and a resectioning of a short portion was found to be necessary. The patient died about a week after the accident.

A searching inquiry and investigation was instituted by the superintendent and the State Board of Insanity. The matter was also reported to the Medical Examiner, who performed an autopsy. The matter was also placed in the hands of the District Attorney, who found no cause for further action.

Two female patients at the Worcester State Hospital, who had been given parole of the grounds for many weeks without abuse of the privilege, failed to return one night at supper time, as usual. Thorough search by the hospital and State authorities was of no avail, until about ten days after their disappearance their bodies were found in the lake.

It was not believed that they were actively suicidal.

A male patient at the Taunton State Hospital went into a vacant room, and with a piece of tin which he had removed from a tobacco box succeeded in

making an incision on the left side of his throat, and also on both wrists. He made an uneventful recovery.

A few days later he was removed to another ward, where for a month he got along fairly well with close watching. One day, when he had appeared particularly restless, he entered a room, barricaded the door with the bedstead and a screen frame, broke a square of glass, and with a fragment cut his throat. The barricaded door prevented prompt interference, and the patient continued his desperate efforts until overpowered. The patient died in about twenty minutes.

This man did not have a special nurse. The usual instructions for watching suicidal patients had been given. He was not, at the time, believed by the physicians to be so desperately suicidal as the facts prove.

A female patient at the Northampton State Hospital, who was known to be suicidal, eluded the nurse, went into an empty room, and hung herself to the window guard with a stocking. She was found not long afterwards, as the body was warm when discovered.

This patient was on the suicidal ward. The nurses had been given explicit instructions in regard to watching her, and confessed that they knew her tendencies. The nurse who had her under observation, however, permitted the patient to go into the toilet, and remain there alone. A few minutes later she saw the patient come from the toilet and go to the dining room at the further end of the ward. There was a nurse in the dining room, but not having the patient under her immediate observation, she permitted her to leave the dining room, after which time neither nurse knew where she was.

This suicide was manifestly due to the neglect of the nurse, who was later discharged from the service.

A female patient at the Danvers State Hospital had been allowed to go occasionally to the sewing room. One day, while returning to the ward with the patients, she separated herself from the group, and jumped through a window on the second floor to the ground below. She died four hours later. This was one of a few windows which had been left unguarded, although the guards were, at the time, in the process of construction.

A male patient at the Westborough State Hospital, suffering from depression, gave indications of suicidal intent soon after admission. Two or three weeks later, however, he appeared to have lost his suicidal tendencies, and, with the exception of brief periods of mild depression, continued to do well. Four months after admission he appeared again depressed, got up in the night, went to the toilet opening from a dormitory where he was sleeping, and hung himself with the chain which pulls the flush valve of the tank.

The night nurse, who has many patients to look after, had noticed no special depression, nor any suspicious manner. He had not received special orders in regard to this patient. The patient could speak no English, and it was difficult to comprehend his mental state. The physician had in mind to transfer this patient to a more secure ward, but had decided to delay it for a while.

A female patient at the Boston State Hospital forced her way into the



utility room of her ward, where a nurse was preparing for a surgical dressing. She seized a bottle of bichloride tablets, and succeeded in swallowing several of them, in spite of the nurse's efforts to prevent her. Although given immediate attention, she died in a little over half an hour. She was known to be suicidal, and had made previous attempts.

The nurse had taken the precaution to lock herself in this room, but the patient attacked her just as she was locking the door, and was strong enough to overpower her.

A male patient at the Medfield State Asylum, who had a history of having suicidal tendencies at the beginning of his insanity seven years ago, got up about 3 o'clock one morning and attempted to hang himself with a sheet to the protecting screen of the veranda. There had apparently been no suicidal tendencies for years in this man, and certainly nothing since his admission to Medfield about a year previous. Following this attempt he was put under close observation, and finally transferred to another ward, where he could be better watched.

Soon, however, when the night nurse was absent on a trip downstairs, the patient succeeded in hanging himself by means of his suspenders, or those of another patient, to a post in the water section between two of the toilet bowls. The nurse had been cautioned to watch this man, because of his suicidal tendencies, but because of the large number of patients whom he was responsible for, it was impossible for him to keep him in sight all the time.

A male attendant at the Worcester State Hospital was seen to strike two patients with a broom, causing lacerated wounds of their scalps.

The attendant was arrested, and sentenced to six months' imprisonment.

A male patient at the Northampton State Hospital showed numerous bruises, indicating rough handling. There was no serious injury. Two attendants admitted that they had had a struggle with the patient, and one affirmed that they both had struck him. The other denied striking.

Both men were arrested, and after trial, the judge fined the attendant who denied any assault \$12, but discharged the other.

A male patient at the Northampton State Hospital attempted to escape. He was pursued, and brought back to the hospital by two attendants. People who witnessed his capture reported abuse. The attendants were arrested, and after trial one was fined \$50, and the other released.

The patient suffered no serious injury.

Two patients at the Danvers State Hospital became involved in a quarrel. The attendant separated them, and was seen to have kicked one of the patients.

The attendant was arrested, and fined \$10 in court.

A male attendant at the Danvers State Hospital became impatient with a patient and struck him. Although no serious damage was done, a complaint was lodged against the attendant; he pleaded guilty, and was fined \$15.

Two male attendants at the State Infirmary were found guilty of an assault upon a patient. The resulting injuries were not serious.

Both men were arrested and fined \$20 each in court.



A male patient at the Worcester State Hospital, suffering from dementia præcox, was found one morning to have a separation of the right acromioclavicular articulation.

The night nurse reported that during the night this patient went to the toilet, and on the way back attacked the attendant, who had had occasion to request him to be quiet and stop walking about the dormitory. The patient was a strong, heavy man. His attack was vicious, and the attendant, to protect himself, was obliged to throw him to the floor. After holding him a moment he let up, and the patient went to bed without any apparent difficulty. The attendant thinks without doubt the injury occurred at this time, but alleges that he used only such force as was necessary to protect himself.

Although the attendant's word was not doubted, the matter was reported to the police and the District Attorney, who investigated the case, and by whom no action was taken.

A male patient at the Northampton State Hospital had been through a period of restlessness and acute mental excitement. Following this he improved, and became so well that he went to the kitchen to assist in the work.

One day he appeared to have what the kitchen man called "convulsions," during which he dropped what he was carrying. After that, he was kept from the kitchen, and assisted in the dining room for the male nurses.

One night, about six weeks after admission, he became disturbed and agitated, and required restraint by two or three nurses. The explanation afterwards was that he could not control himself, and did not know what was the matter.

A day or two later he was in bed, apparently sleeping, with his head covered with a sheet. Suddenly, the nurse noticed that he was struggling, and going to the bed, uncovered his head, and found the patient tearing at his eyes with his fingers. He made no remark. Afterwards he said that his Heavenly Father commanded him to do this. His eyes were given prompt, skilful treatment, but his sight was destroyed entirely in one and badly impaired in the other. For many days afterwards he made desperate efforts to pull off the bandages, and continue the injury to his eyes. To prevent him doing this, two attendants restrained him, and finally mechanical restraint had to be resorted to.

He finally passed through his period of impulsive excitement, and has made no further attempt to injure himself.

I am sorry to say the practice of allowing the public to know what goes on in our institutions has been discontinued in Massachusetts, although some other States treat the public with perfect frankness.

The newspapers were not content with Dr. O'Meara's statement regarding the Worcester Investigation, and

were unwilling to wait for our investigation. They sent reporters to Worcester daily to interview any one concerned whom they might be able to approach. The "Boston American" on Sunday, October 26, gave much space to the Worcester scandals, and reported interviews with nurses and other employees, many of whom preferred serious charges against the management of the hospital.

"This is the first time in the history of public institutions in this or any other State," says that paper, "when attendants in a body admit cruelty and defend it on the ground that the State has not supplied a sufficient number of nurses and thus their work becomes a daily struggle — hand-to-hand fighting — against being murdered. It is a thrilling story the nurses tell. They complain of being served insufficient, improper food: they complain of long working hours. . . . Miss La Bree is on duty in that ward where the patients are most violent. . . . At present there are 32 patients in my ward," she said. "At this minute there are but two nurses to look out for them. The other nurse is supposed to watch one patient in particular, who has a destructive mania. This means that I must look after 31 patients alone. . . . Yes, I signed the petition which was presented to me, because I thought that something should be done. . . . There is brutality in this place on the part of nurses, but I say and will always say" (here there was a heavy stamp of her foot) "that it is necessary violence, — necessary for the protection of one's life." . . . When asked if she had called a doctor when a patient showed continual signs of violence she replied with a half smile, "Yes, I have telephoned for a doctor, but one seldom comes." . . . "I cannot say that there is not enough food, but the quality is sickening."

Several other nurses were quoted to much the same effect. The "Boston Journal" of October 27 published pictures of Miss McDonald and Miss Lukanoff, two of the petitioning nurses. It summed up the situation in regard to the proposed investigation by the State Board under the heading:

#### INSANE HOSPITAL HEADS WILL FACE COERCION CHARGE

Not until after the State Board voted last Friday to go to Worcester Tuesday to make an inquiry into the administration and operation of the State Hospital did the trustees take any action in regard to the assertions

of nurses that women patients are dragged naked through corridors by their heels or their hair, that inmates are forced to enter tubs of ice water, and that "kneeing" and the "grand bounce" are methods adopted to force patients into submission.

#### Charge Coercion Attempt

On Saturday morning, according to Mary Reed, Pearl La Bree, Elizabeth McDonald and Bessie Lukanoff — the four nurses who claim attempts on the part of the trustees to coerce them — the trustees took their first steps in the matter of the alleged abuses.

All four nurses claim that they were severely cross examined by one of the members of the Board who attempted to bully them to make them retract their charges.

"One member of the Board, evidently a lawyer, tried to prevent me from telling my story," Miss Reed said yesterday. "I did tell my story in spite of him, though he tried in every way to stop me."

All the trustees of the State Hospital were present at the meeting Saturday. Thirty-three nurses claim that serious abuses and irregularities exist at the hospital. Many nurses were called before the trustees and examined at length as to the charges.

On Tuesday, October 28, our Board gave its first official hearing at Worcester in the hospital office, and many of the charges of inhumanity and neglect in the treatment of patients, and of intolerable working conditions for nurses and attendants, were repeated to us in a way that left little doubt as to their truth. The hearing was attended by Dr. George W. Galvin, who said he represented the nurses who had signed the original petition. Most of the members of the Board felt that a private hearing would be best, to prevent the excitement of the public. But Dr. O'Meara wanted a public hearing, and it seemed to me absolutely necessary that we should have a public hearing. A telephone conversation with Governor Foss at the State House left no doubt that he desired the hearing to be public, and the other members of the Board were obliged to defer to his wishes. The details of all the hearings were fully reported from day to day in the Boston and

Worcester papers, but not even their large headlines could make the disclosures more sensational than they actually were. Among the many people present at this first hearing were four attendants from the Worcester State Asylum, which was under the same Board of Trustees as the hospital. These attendants had signed a petition complaining of conditions in their institution. They claimed that they had all been discharged because they had complained. Two of the hospital trustees were present, — T. Hovey Gage and Dr. Woodward. The hearing was called to order at 12.30 by Dr. O'Meara. He introduced Judge Mason, who took charge of the hearing on behalf of the Board. Dr. Scribner was first called. He stated that he wanted the hearing to be as public as possible. He had nothing to hide and he felt that the greater the publicity the better for the feelings of the relatives and friends of his patients. Most of his statements were general denials of the accusations of the nurses, in which I believe he was quite sincere, but they showed that he was ignorant of much that was going on in his institution. He said that when he had found cases of abuse by attendants he had had them arrested in the hope of stopping it.

In regard to the long hours of work for nurses and attendants he referred to a schedule already filed with the Board. . . . The nurses worked sixty hours a week, with one day off. . . . Everybody knows that in a hospital it is impossible to divide the hours up accurately, but every attempt was made, he said, to divide the time equitably. He admitted that oftentimes nurses did have to work more than ten hours a day, and that there had been some complaint on that score; but he denied that at any time there had been such a shortage

that the needs of the patients had been neglected. He claimed that the food was of good quality and sufficient in quantity, but said that the chief cause of the complaint was that the food had to be cooked in bulk; it did not have the flavor and palatability of good home cooking, but was, nevertheless, wholesome and good. He said he had had no complaints of inhuman treatment until they were published by the newspapers.

We then interviewed five of the petitioning nurses. Mary Elizabeth Roche said that she was frequently in sole charge of 48 violent patients, and was forced to beat them.

"It is often necessary to fight violent patients with anything which is handy," she said. "If you don't they will beat you to death. If we had sufficient help it would not be necessary to subdue them with force.

"Sick patients are given the same food as well ones. They are not looked after physically. The doctors seldom devote more than five minutes to a ward.

"I have seen nurses pull patients' hair and strike them many times. Violent patients are sheeted every day, almost. I have only known one nurse who wouldn't sheet a patient, and we had to do it for her.

"One woman was in a pack six or seven hours. It was Abbie Worthley. She died a week later."

The hot pack, according to Miss Roche, is applied by rolling the patient in a hot sheet and then wrapping hot blankets outside of that. Sometimes many thicknesses of sheets were applied, each heated in steaming hot water and allowed to remain on the patient for as long as an hour.

A nurse would report to one of the doctors, so Miss Roche testified, that a patient was unruly, and without further investigation the doctor would order the hot pack application and would not witness the treatment. Sometimes these packs are very hot and we have to use sheets to apply them to prevent burning our hands.

"No care is taken of the patients' teeth. We report to the 'charge' nurse, but never over her, because there is a feeling that we would be immediately discharged.



"The trustees walk through about three times in five months, but never stop."

Miss Lukanoff and Miss Roche demonstrated the process of "Sheeting" upon Dr. Galvin, and in less than a second he was brought almost to the floor. A sheet was thrown over a patient's head and twisted violently at the back until strangled.

"Miss Lordan, Miss Fields and I once dragged a woman over the floor with a sheet around her head and packed her" testified Miss Roche. "Later we dragged her the same way again, and again packed her. Miss Lordan is reputed as able to handle any patient single-handed.

"Often violent patients are locked in a room and allowed to butt their heads against the wall. It is very cold in winter in the hospital, and often we have to take blankets and sheets off patients' beds while they are asleep and give them to other patients.

"Mrs. Gregorie, Miss Milligan and I gave continuous baths and packs to Abbie Worthley once. She was sheeted and packed. She spit in Mrs. Gregorie's face and Mrs. Gregorie struck her in the face and was afterward discharged. She was so nerved up she couldn't resist striking her.

"I saw Albertina Morrissey, a patient, sheeted and beaten in the stomach, and a month ago I and other nurses packed Anna Haley, Sixteen Bristol Street, Cambridge, upon the doctor's orders, two days after she came to the hospital. She was caught by the hair and dragged over the wooden corridor, punched in the face and head until she had many bruises on the face, a cut on the left temple and other injuries. Sometimes patients are packed three or four times a day for three or four hours.

"I saw Mrs. Alexis, a patient, dragged naked through Washburn 1, Oct. 2. She was too strong and was dragged by the hair into the next ward. She got scratches on her back and probably splinters. I complained to Dr. Whitney, but it was of no avail."

Miss Lukanoff said that she had kept a diary and had taken photographs of assaults on patients by nurses. She told of one nurse who had been discharged for beating a patient.

"If every nurse who mistreated a patient were dismissed, Dr. Whitney would have to discharge all the nurses," she said. She told of being forced to beat patients who attacked her. "Alice Doten, a diseased patient, would go from her bed to any other and the clothing was not changed. We had a

week's notice when the trustees were coming and scrubbed and cleaned things up.

"I have seen a mattress filled with maggots in the hospital. It was thrown out on the grass, and nothing showed when the trustees came. I have seen dry sponges put on a raw wound because the doctors said there was no creoline."

She said patients often did not get a chance to eat, and that the left-over food was put in the sewer to cover up the fact; that a visit of the doctors was always preceded by telephone warnings to get things in shape for them, and that they were warned a week ahead of a visit of the trustees so they could get things scrubbed up for their visit.

"Patients are never provided with handkerchiefs, and are forced to sleep on filthy bedding, sometimes alive with vermin," she testified.

Miss Mary Reed Gray corroborated what the other nurses had said, and added details. Miss Bessie McDonald testified to working sixty hours a week, to beating patients, and to things the others told about. Miss Pearl La Bree told of the same things and similar ones and said she often had to go outside to get enough food to keep her alive.

Miss Ida A. McNeil, superintendent of nurses, said the hospital had been very short of nurses. At the close of the hearing Dr. Galvin declared, "Dr. Scribner is a victim of the economic conditions. No man can properly look after 1,300 insane patients. These young women are being converted into human hyenas by this system."

Just before the hearing closed, Dr. John H. Sullivan, Worcester, was allowed to tell of Joseph Champigny, a patient, who was a total paralytic, being beaten and sustaining two blackened eyes, a broken arm, a broken rib, and numerous abrasions in the hospital, for which the assailant was only discharged.

On October 29 there was some question as to whether we should go on hearing the petitioners, as Dr. Galvin very strongly urged, or permit Dr. Scribner to call

certain nurses to testify to his side of the case. It was finally agreed to let him have the floor.

He called a number of nurses to show that the accusations against the morale of the nursing force and against the hospital administration were untrue, or were greatly exaggerated. Their testimony consisted in the main in general denials of the statements of the petitioners; nevertheless, a number of damaging facts were brought out, even by these loyal nurses.

Dr. Scribner was told that he should have the same privilege as any one else in presenting testimony before the Board. Dr. Scribner said that all the other charges made, fell into insignificance compared to the charge of abuse of patients, and he wanted to take up that before anything else was discussed. When I questioned him as to whether the testimony of any nurse would result in her being discharged, he said, "I do not see how we can very well retain nurses who admit that they abuse patients." He supplemented his statement later by saying that it was not his intention to hold it against any nurse who testified that conditions at the hospital should be corrected. He made a statement to all the nurses he had summoned as witnesses in which he said that if there was anything wrong in the institution or if the food was poor, he wanted them to speak up and say so. "I have nothing to hide," said Dr. Scribner. "I am pleased to have this investigation and get what additional information I can about the institution. In fact, I wish the complaining nurses had brought their petition to me first so that I could have looked into it, instead of placing it in other hands. If we failed to act on receipt of the petition, other authorities might have been appealed to. I do not criticize nurses or other

employees except when it is absolutely necessary for me to do so. My idea is rather to confer with them. I try to find out if there is really a cause for complaint. The only way I have of finding out these things is through complaints, and I have always endeavored to have the opinion become prevalent among the employees of the institution that they may at all times come to me and make complaints."

Dr. Scribner asked all of his witnesses practically these questions:

Do you know of any patient in this hospital ever having been abused?

Did you ever abuse a patient?

Did you ever give a wet pack and were you compelled to take bedclothing from beds in which patients were sleeping to give a wet pack?

Do you know of any deaths of patients in this hospital that were suspicious?

Did you ever see a patient in this hospital dragged naked along the floor by the hair of the head and splinters enter her body from the rough floor?

Is it a fact that telephone bells tinkle and word is sent around this hospital when I am to make a visit to a ward?

Is it a fact that word is sent around that the trustees are going to make visits?

Do you know of a single case where a patient or a nurse in this institution needed medical attention that it was not given?

He first called Miss Ida A. McNeil, superintendent of nurses. She testified as to efforts made to get nurses, the instructions given them and the training they got in the hospital training school. The best nurses in the hospital, she said, were asked to get their friends to take up the work. She always asked for recommendations and refused to take those who could not give satisfactory references for three or four years in this country; but she said that \$20 a month did not satisfy the applicants. Some girls considered it a disgrace to work in an "insane" hospital, and it took considerable persuasion to get them to remain when they discovered what sort

of work they had to do. After a time they got over this feeling.

"I claim, gentlemen," said Dr. Scribner, "that the statements made by nurses yesterday as to brutality, is simply a story of their own brutality, and not a statement of general conditions in the hospital."

Miss McNeil, in reply to a question by Dr. O'Meara, said that never before the hearing had she heard of "sheeting." She said she felt sure it was not a common practice. If there was abuse, confessions of abuse by nurses was evidence that they were not competent, but were the poorest nurses in the hospital. She said she did not know that the nurses who confessed to "sheeting" actually did it. She had no way of knowing whether or not they practiced it. She did not think that the five nurses who had testified to abuses were among the best nurses in the hospital.

I asked her how she did or did not know that other nurses than those who had testified practiced "sheeting." She said she was sure they did not. Asked why nurses changed so often, she said she did not know exactly — some felt they were wasting time.

Dr. Scribner remarked that he had issued orders for officials to try to find out why so many people left the hospital service, and I said that it seemed to me that it would be possible, by careful investigation, to find out what was the real cause of the trouble.

Asked if nurses were compelled to attend training school, Miss McNeil said that they were supposed to do so — habitual absence was not tolerated. The work of the school consisted of one lecture by one of the doctors and one recitation a week. She said that nurses' references were always looked up. The employment



bureaus through which they were engaged took one week's salary for getting them the position, which the nurses were obliged to pay. Nurses had little practice in surgical work, as there was little of it done at the hospital. She had had two complaints from nurses about food. The first had to do with food on the second table not being warm, and the second was from the night nurses. An extra hot meal had been provided which seemed to satisfy them. She said that she did not think that the nurses regarded her as too austere to be approached with complaints. On certain wards she admitted that nurses were alone with 30 or 40 patients but they were not "disturbed" wards. She felt sure that in violent wards nurses were not left alone with the patients. She would know about it because she made out their time.

Questioned about Miss La Bree's statement that she had been compelled to drag one woman by the hair into a bath room to protect herself, Miss McNeil said that Miss La Bree had told the Board that she was first attacked by the patient, but that when she first reported to the supervisor she had said that the patient did not attack her. She admitted that Miss La Bree's report, that she had been alone at the time with 33 patients, might be true. Miss McNeil said that she was responsible for the number of nurses on each ward; that no matter how many nurses might be on a ward the first nurse who attempted to control a violent patient by taking away a chair or preventing the breaking of glass was in danger. She did not think a large number of nurses on a ward had a quieting effect upon the patients. When I pressed her as to why she thought that the five nurses who had testified to abuses were

undesirable, she said that it was simply because of the statements that they had made.

"If what they said yesterday is true," said Miss McNeil, "they are certainly unfit."

"You are responsible for their actions, are you not?" I asked.

"I am so far as I can be with such a large number of nurses," she replied.

She said that she knew that no nurse was ever left with 46 patients on a violent ward, as had been testified. Nurses were supposed to ask for relief when obliged to leave a ward. Extra blankets were provided for wet packs on every ward, and it was not necessary for nurses to take blankets off sleeping patients for use in wet packing other patients. Dr. Scribner also said that there was no need for such action.

I asked Dr. Scribner again if anything would be held against the nurses for testifying, and he said that he had no desire to start a wholesale dismissal of nurses, but that he doubted very much if the hospital would not be open to criticism for retaining in its employ self-confessed abusers of patients. On the other hand, he had no idea of rewarding favorable testimony and punishing those who testified against the hospital.

The statements of the loyal nurses are interesting, but too long to publish in full. All made general denial of abuse of patients, but most of them *admitted* "sheeting" as a common practice. Showing how little in touch Miss McNeil had been with the nurses under her in their work on the wards, Miss Rena Ferguson, although she had no complaints to make, claimed to have been alone in charge of 45 patients.

The statements and denials of Miss Catherine Jonah

are, in the main, characteristic of this group of older nurses. She said she had been in the hospital four years and had worked in wards with violent patients but had never had to abuse them. She had never seen a patient being dragged on the floor nor heard of such a thing happening, and within a year she had not known of a single case of restraint or seclusion. She had always been furnished with plenty of bedclothing to make packs. She knew of no patient physically or mentally fit who was not allowed to go out of doors. She was in the male division and had heard that a man named Giroux had been assaulted during the night, and that an investigation had been made, but she did not know what the result was. She said that she did not regard "sheeting" as abuse, as it was necessary to stop patients spitting and biting. Putting a sheet over a patient's head, she said, caused him to behave better — "he gets to thinking and stops spitting and biting." For a time she had been supervisor of the ward in which Miss Roche worked, but she said she knew of no brutality there. She admitted, however, that the things to which Miss Roche had testified might have occurred without her knowledge, though she did not believe so. She said she had once helped to pack.

Miss Jessie B. Johnson, charge nurse on the ward in which Miss La Bree was employed, denied a number of Miss La Bree's statements. She admitted that she had at times seen nurses take hold of a patient more roughly than they should have done, but she denied that she had ever seen a patient "sheeted," and said that the first she knew of this practice was when she read of it in the papers. When a nurse treated a patient very roughly she was always reported to a supervisor. She

regarded Miss La Bree as a little rough with patients, but did not recall having spoken to her about it. She admitted that she did not always report when a patient had been roughly treated.

At the opening of the afternoon session Miss Mildred Harris, a nurse on Woodward Ward 1, who said she had previously been on Washburn 1, said she had been in the hospital for two years and had *witnessed no abuse of patients*. She had seen "sheeting" of patients, but it was not as brutal as the nurses claimed it to be. She had worked on the ward with Miss Lukanoff, and said that there was never a time when there were not enough nurses around. She said she had been attacked by patients, but could always get help enough to manage them humanely. She never had to rob patients' beds to give wet packs. She gave a demonstration of how she had seen "sheeting" done, and said that the sheet was never drawn tightly over a patient's head. She said she had seen a nurse "sheeting" a patient only a few days previously, and had ordered the sheet taken off. While the sheet was over the patient's head the patient bit her. She had never seen Miss Lukanoff abuse patients, and she had never known a patient to fail to get necessary medical attention. She had signed none of the petitions. Physicians called regularly on each patient. A wet pack, she said, was only given by permission of the supervisor, under the doctor's orders. The patient's clothing was first removed, a rubber sheet put on the bed, and then the blankets. Sheets were then wet in water at 100° and placed on the bed over the blankets. The patient was then rolled up in the blankets, with his arms inside and tied down to the bed. Patients were kept in packs sometimes two hours, some-

times four hours. The nurse decides that the patient needs the pack. The doctor did not see the patient, but gave his permission over the telephone. Sometimes he never had seen the patient. She never had seen patients dragged by the hair naked along the floor. She corrected her statement about packs by saying afterwards that she thought the physicians were acquainted with each case and made an examination of each patient before the first pack was administered.

The "Worcester Evening Gazette" of October 30 concluded a summary of the previous day's hearing, as follows:

Every witness called, and most of those called yesterday are among the older nurses in the hospital, denied the charges of abuse. All admitted giving wet packs, but said they were given only on the doctor's orders. It developed that the nurses and not the doctors are the real judges as to whether a patient needs a wet pack.

#### WET PACKS "ORDERED"

This was brought out by questions propounded by Dr. Briggs and Dr. O'Meara. While the nurse cannot "wet pack" a patient until the doctor gives an order, rarely, after a patient gets the first wet pack, does the doctor visit the patient during the process. When the patient is excited the nurse tells the supervisor the patient is excited. The supervisor telephones the doctor and the doctor telephones back ordering a wet pack. The supervisor tells the nurse to administer the wet pack and it is administered by the nurse. It developed that patients are kept in these wet packs sometimes for as long as four hours.

Each witness called yesterday denied there is any need of taking clothing off the beds to give wet packs, as there is plenty of bedclothing in the institution for that purpose. "*Sheeting*" was considered necessary to restrain patients, but all denied patients were abused by twisting the sheets tight.

The testimony being offered by all witnesses is being carefully noted by T. Hovey Gage and Dr. Samuel B. Woodward, representing the trustees. Several times yesterday Dr. Woodward interrupted to tell Dr. Briggs what certain witnesses meant, and when Dr. Scribner said he did not believe in "sheeting" patients as described by nurses, Dr. Woodward had a few seconds of whispered conversation with him. Dr. Scribner then added that sheeting is something he would not object to in his own family, but he doubted the wisdom of allowing it in public institutions where it might lead to something worse.



Nurses questioned yesterday about sheeting said that many patients spit at nurses and bite at them, and that nurses have used towels or sheets to put over patients' heads or in front of their faces until they could be restrained, but they denied they were tightly drawn.

Miss Bessie Lukanoff, through whom the charges were first made public, was invited to a seat in the hearing room at the suggestion of Dr. Briggs. She had been in the room but a few moments when she started to supplement some remarks made by Miss Violet Wilson. She was told to refrain until Dr. Scribner had finished presenting his case.

A former State hospital attendant, H. J. McLean, wrote me on October 30, 1913, commenting on this hearing. His description of "sheeting" as he had seen it practiced in male wards at Bridgewater is suggestive of what cruelties were possible under ignorant, poorly supervised attendants:

As I have seen it, the sheet was wet and twisted into a rope and then used as a rope by being put around a patient's neck, the ends crossed and then grabbed with both hands close to the throat and twisted up until it was utterly impossible for him either to inhale or exhale air. A patient could be strangled in a few minutes. A towel was more commonly used.

On the morning of October 30, Mr. Haien, who represented the signers of the first petition, read a letter from his father-in-law, Dr. Galvin, in which he said that inasmuch as these petitioners had been questioned in private and by men virtually a part of the institution, he claimed for them a public hearing before Dr. Scribner's witnesses should be heard. It had been promised at the opening of the investigation that Dr. Galvin should be furnished with a typewritten copy of the private investigation which Dr. O'Meara and Dr. Thompson had conducted immediately after the publication of the nurses' petition. There was much discussion as to whether it would be necessary to hear these nurses again, Dr. O'Meara, stating that it would be time enough after

Dr. Galvin had read the testimony to recall the petitioning nurses, if he desired to do so. The Board went into executive session at the noon hour, and we decided to continue hearing Dr. Scribner's side of the case for the remainder of that day, and that Mr. Haien might recall the nurses he wished to be examined on the following day.

When the hearing was reopened, Dr. Scribner called a number of male nurses whose statements were, for the most part, negative. There was a difference of opinion as to the food furnished, but all were agreed that they were not sufficiently paid; some had only \$20, some \$30, a month with board and rooms. John Kenney, an attendant who had signed the complaint against the conditions at the hospital, said that he had done so because he was paid only \$20 a month, and thought he should have had at least \$7 a week. He also complained of the quality of food served the employees of the institution.

Melvin A. Cate, another male attendant, said that he had never heard of the abuse of patients or of anything obnoxious in the use of sheets on patients, but under questioning he finally admitted a single case of abuse:

Narcisse Giroux, a patient in the ward which he has charge of, had black and blue marks on his body one morning, and investigation by him satisfied him the patient had been assaulted by the nurse in charge of the ward the night before.

He did not see the assault, but reported it, and a sergeant of the Worcester Police Department was called to the hospital by Dr. Scribner. The night attendant was questioned by the sergeant, but was not arrested, the sergeant stating that he did not believe there was sufficient evidence to convict the attendant. Cate understood that another police official came to the hospital the following day, but in the meantime the attendant had left the institution.

Giroux was still an inmate of the institution. Dr. Scribner said that one

of Giroux's ribs had been broken, and although he now believed the attendant did assault the inmate, he felt that he personally, by calling the case to the attention of the Worcester police, did everything that he could do to bring the attendant to justice.

Questioned by Mr. Haien as to how many times he had called the attention of the Worcester police to assaults on patients, he said he could not state absolutely. He said he did know, however, that every time an assault on a patient in the hospital was called to his attention he communicated with the Worcester police, and one attendant who assaulted a patient was now serving a term in the Worcester House of Correction for the assault. In other words, Dr. Scribner practically stated that no action was taken unless there was a criminal assault, and that the discipline of nurses in charge of helpless patients was a matter for police and the courts.

"I do not know," said Dr. Scribner, "just how far I should go in this matter. If one of these young woman nurses should happen to slap a patient's face when the patient spits on her, should I have her arrested?"

"I certainly believe that the guarding should be done on the side of the patient," said Mr. Haien, "and nurses should not be shielded."

"I am not shielding any employee of this institution," said Dr. Scribner. "Any case of abuse that comes to my attention has been and always will be brought to the attention of the proper authorities."

Questioned as to his knowledge of the circulation among the men of a statement denying charges of abuse, Cate said it was got up because the men thought Dr. Scribner's administration should be defended against such attacks. He said he was not aware of the circulation of a complaint of conditions on the part of the men.

In a long report of this day's hearing the "Worcester Telegram" says:

The practice of allowing the prosecution, so called, to shove in evidence one day, only to be interrupted the next while the defence has its innings, has been criticized as highly unbusinesslike and not strictly according to good form in the conduct of such an important hearing.

Dr. L. Vernon Briggs, member of the State Board, was again active in the hearing yesterday. He questioned witnesses closely. He sought to find what their employment had been previous to entering the hospital, and found that some comparatively short-term male nurses had been canvassers, wire workers and gas men.

Several times during the hearing Dr. Scribner said he urges the nurses to tell the whole truth so that if improper conditions exist they may be discovered and remedied.

Mr. Haien intimated broadly that witnesses for the administration are being coached, but this was denied strongly by Dr. O'Meara.

The following day, October 31, the excitement was increased by the finding of the body of a woman patient, Miss Bertha Fairbanks, in Lake Quinsigamond, which is bordered by the land of the Worcester State Hospital. This patient had escaped from the hospital on October 21 in company with another woman patient, Miss Mercy Ritchie. Apparently there had been no accusation of abuse in the cases of these two women, but the suicide, coming at this time, added to the public clamor. The next day, November 1, Miss Ritchie's body was also found in the lake.

## CHAPTER VII

WORCESTER HEARINGS CONTINUED.—MASS MEETING AT FANEUIL HALL.—  
MISS LUKANOFF'S JOURNAL

The petitioning nurses were heard on the 31st of October, and repeated many of the statements previously published in the newspapers. The hearing was interrupted by the exhibition of a number of empty whiskey bottles from a pile of them discovered on the grounds. These were presented by Mr. Haien, in substantiation of statements that male attendants of the hospital were more or less addicted to liquor.

The principal witness of the day was Mrs. Ida Belle Kenney. She said she was dissatisfied with the food which she considered poorly cooked and poorly served. She had seldom seen Dr. Scribner in her ward until about a month ago. She had "sheeted" patients and said she heard that Dr. Cornelia B. J. Schorer gave Miss McDonald, a nurse at the hospital, a sheet and told her how to use it. She said she did not see Dr. Schorer give the nurse the sheet. She said she knew of a case where a blanket was placed over a bedspring on the floor of a ward, and a patient compelled to sleep on it. She had wet-packed patients and knew of cases where a patient had been in a wet pack four hours, taken out for fifteen minutes and put into another wet pack for four more hours.

She had known of a patient being in wet packs, she said, for sixteen hours out of every twenty-four for a week. Asked the woman's name, she said it was McLoughlin.



Mrs. Kenney said she knew the case of one patient, Norah Sullivan, who went without food for five days. The Sullivan woman, she said, was in the habit usually of taking her tray and going to the serving room to get her own food.

The patient had some trouble with a nurse in charge of the ward, and would not go to the kitchen, and the nurse in charge of the ward would not bring the food to her. The witness said she herself finally got a tray of food and gave it to the patient.

Later in the day Miss Amelia Stewart, another nurse, said she knew about the case of the Sullivan woman, and that when she went on night duty she had to prepare a little food for the patient. She said she thought the patient was very weak from lack of food.

Mrs. Kenney, resuming, said she also knew of cases where patients were put into beds occupied previously by patients whom she thought had infectious diseases, without the sheets on the beds being changed.

Several times, she said, when she had to handle patients alone she had to use considerable force. She told of one case where she had to drag a woman along the corridor because she could not get help.

"When I dragged the patient, I did not call for help, for it was useless. I did not even get a chance to go to supper, as I did not have any relief, although I had asked for it. I deemed it useless to ask for help to get the patient, since I could not get relieved for a few minutes to get supper. I told Miss Halliday, the supervisor, but no relief was sent. I had to knock the old lady down and kneel on her back and stomach while I undressed her. I did not injure her unnecessarily."

Dr. Scribner interrupted at this point and asked why she knocked an old woman down.

Mrs. Kenney replied, "Because I could not get any assistance and it is the only way I could undress the patient."

"Would it not have been more humane for you to have allowed the woman to have remained dressed until such time as other nurses arrived?" asked Dr. Scribner.

"I was supposed to have this woman undressed and in her bed before the night nurse came on," said Mrs. Kenney.

"I should think that your judgment would have told you that you should not have done any such thing — if there was no help at hand, to have waited until somebody arrived," said the Doctor.

Mrs. Kenney said word was always passed along when Dr. Scribner was coming around the wards, and she knew that word was also sent when the trustees were "tripping."

Mrs. Kenney was recalled at the afternoon session after Mr. Haien had explained about finding the whiskey bottles. She testified she once found a woman patient named Ellen Doherty stuck to a sheet. The woman had a sore on her back. She had also seen a patient suffering from bites by other patients wait three or four hours, she said, before the wounds were examined by a doctor. She said she thought she had seen patients wet packed who were not excited.

She said the doctors at the hospital never tell nurses of the kind of bodily diseases patients are suffering from.

Asked why she did not report cases of violence to patients by other nurses she replied, "I did not know when I would be compelled to use violence myself."

She had known of one nurse being left all alone with violent patients. In reply to a question by Dr. Scribner, she said it was a common method for nurses to take

hold of patients by the hair, but she positively refused to tell Dr. Scribner or members of the State Board the names of any nurses she had seen do it.

"I did it myself," said Mrs. Kenney, "and I will let each nurse speak for herself."

Dr. Scribner appealed to the Board, saying:

"I submit, gentlemen, that if these alleged abuses occur in this institution, it is the duty of this nurse to tell me the names of all the nurses who abuse patients."

Mr. Whittemore, who was acting chairman, in the temporary absence of Dr. O'Meara, said:

"I believe the nurse should tell us the names, but as she declines to do so, I am compelled to rule that the Board has not the right to make her give the names."

Dr. Scribner added, "I wish to repeat for the benefit of this nurse that it is not my intention to conduct any campaign of reprisal against any nurse in this institution for past acts, or for any testimony she may offer at this hearing."

Mrs. Kenney was further examined by Mr. Haien, and she said she knew of one patient being put into the continuous baths in the same water which a previous patient had used. Dr. Scribner explained that the baths were so arranged that the water was running continuously, and is kept at 100°. He asked Mrs. Kenney if she had reported the occurrence to any one at the hospital and she replied that she did not — she did not think she was supposed to do so. On being asked if wet packs were given in the hospital for punishment or for treatment, she said she did not know. She knew that there were standing orders to wet pack the same patient every morning. She also knew of one patient in the hospital who sometimes asked for a wet pack. Some other patients regarded it as a form of punishment. When questioned by Dr. Scribner, she said that she did not know that she had ever treated

a patient brutally, but that she did use what force was necessary to accomplish the work which was set out for her to do.

Miss Pearl La Bree, another signer of the original petition, was next called. She said she was "getting through" at the hospital the following day. Dr. Scribner asked if she was leaving of her own accord and she replied that she was. She said that she was disappointed with her work at the institution because she had expected to learn to be a nurse when she went there. She said that she had slapped a patient's face once and had seen other nurses do the same thing, but refused to give their names. When asked what she would recommend to improve conditions if she were placed in charge of the hospital, she said she would give the nurses more instruction and better food. She said that like many of the other girls she hesitated to go directly to Dr. Scribner with complaints, as she would be going over the head of the ward doctor, the supervisors and the charge nurse. For that reason, when things appeared wrong to her, instead of going direct to Dr. Scribner she simply allowed them to pass.

Miss Helen Culpan was the next witness. She said that in order to "sheet" a patient effectively so as to stop her biting or spitting, it was absolutely necessary to draw the sheet tightly about the patient's head and neck and twist the ends behind the head. *She had seen Miss Mildred Harris, a charge nurse in her ward, "sheet" a patient within a week. Since the investigation started she had seen a supervisor order a sheet taken off a patient's head.* She had seen a patient named Mary Healy in two four-hour wet packs, with only a short period between them.

She had seen a patient dragged along the floor for a distance of fifteen feet to a bath, and sometimes a nurse was compelled to take a patient "by the back of the hair." She had known patients to be put into beds where the sheets had not been changed; when asked to give their names, she said she remembered one, a woman named Antoinette Falladino. Miss Culpan said that she had worked in the Boston State Hospital, the Taunton State Hospital and in a mental hospital in Concord, N. H., but that she had *never seen "sheeting" anywhere except in Worcester.*

Miss Edith Roberts was the next nurse called. She objected to the way the food was cooked, but said she thought the quality was good. She said that she had helped to sheet patients. A patient named Annie Healy had been sheeted a few days before. When asked who sheeted her, she said it was Miss Mildred Harris.

"Was she sheeted so tight that her nose bled?" asked Mr. Haien.

She replied that she did not know, but that she had seen blood on the sheet and heard later that the woman was subject to nose bleed.

She testified that she was left alone one night with 30 patients in a violent ward and was attacked by a patient.

"There is one woman in the hospital," she said, "who refuses to go to the bath and will lie down on the floor." She had seen that patient dragged. Once the patient was put into a blanket and carried.

She said that patients were usually weak when they came out of wet packs, but that she did not know of a single instance where a patient had been packed for punishment.



She had signed the petition complaining about conditions at the hospital, because she did not want to be called a "Squealer" by the other nurses. She said that she did not like the hospital food, but that she did not consider the other nurses brutal because they used only such force as was actually necessary in order to cope with the patients.

The next witness, Miss Amelia Stewart, had been at the institution only a short time. *She said that she had seen "sheeting" practiced*, and that the degree of tightness with which the sheet was drawn about the patient's head *depended solely upon the temper of the nurse*. She had several times seen a nurse take a patient by the hair and drag her to the floor, when the patient would not stand quietly to be undressed and put to bed. She said that she had been in the ward alone with 69 patients. This ward was known as Phillips 3; there were few violent patients there. One night she had been grabbed by the hair by a patient and screamed for help. The supervisor rushed in to find out if the patient had been injured, and told Miss Stewart that there was no need for her to have screamed so loud. The supervisor never stopped to inquire if the nurse was injured. She did not consider that the nurses were brutal to patients. They were often compelled to defend themselves when caught by patients.

Miss Stewart said that Miss Lukanoff, who had circulated the petition, had told her that it was to go direct to the State Board. "I consider that my name has been misused," she said. It is almost impossible to give any idea of the prominence given in the Boston and Worcester papers to these hearings. The space occupied by these articles can only be compared to con-

temporary accounts of the Great War given in the same papers a few years later. The whiskey bottles found on the hospital grounds were given special prominence, as were the charges of nurses dragging resisting patients by the hair, etc. The "Boston Post" on Sunday, November 2, published interviews with Miss Lukanoff and Miss Read, illustrated by their portraits; and on Monday, November 3, it gave reproductions of photographs taken of Miss La Bree sheeting a patient — but these are only a few of the many illustrated front-page newspaper articles of those trying days. The "Boston Herald" of November 1 summed up the situation in the following temperate editorial:

#### AT THE INSANE HOSPITALS

Whatever the findings of the commission that is investigating the alleged abuses at the Worcester Insane Hospital, the public should not lose sight of the real issue in the perennial flurries over our public asylums and hospitals.

We hear much at such times about "cruelty to patients," "insufficient clothing" and "bad food." The same charges recur with merely changed setting. And those acquainted with the life of these asylums know that there is some truth in these charges; not simply on the basis of "where there is so much smoke, there must be some fire," but because of the inherent defect in our system of public ownership of these institutions. Collectivity and economy are the essence of the large public institution. The almshouse and the asylum are the last places to benefit by sustained agitation for funds. There are always plenty of persons to fight for a new driveway or playground, but few worry about the paupers and the insane. In consequence the needs of these institutions invariably outrun their appropriations, and this is the more so the larger and more impersonal the community. In a small town or village an ill-kept almshouse is a stench and a hissing. It becomes every man's business, and its evils, automatically spread by village gossip, are not long unremedied. But no such factors are at work in the State institution, which is in no sense part of the community in which it is located.

Given, then, an immense institution with its invariably inadequate appropriation, to make both ends meet is truly a labor of Hercules. Economy in service, in equipment, in food are enforced. And even with a liberal expenditure it is doubtful whether any system conducted on the necessary basis of uniformity could furnish satisfaction to the divergent tastes of 1,000 individuals. The "kick" against poor food is natural, and where stringent economy has to be practised, wholly justified. The same holds good for the

service. The position of nurse and orderly in such an institution is not pleasant. It is the least desirable of situations. The work is disagreeable, and, owing to the small appropriation, there is too much of it. The food question is also pertinent. The better class of assistants is rarely attracted.

What is likely to be the effect of overwork even on an attendant of average intelligence and humanity? Inevitably it will tend toward neglect, and, through lack of understanding, even brutality, where the individual touch and special care are especially indicated. This is particularly so where the care of the abnormal and irrational is thrust upon raw and inexperienced helpers. No set of rules can be laid down for individual guidance. Unforeseen emergencies may crop out any moment. The attendant must always be on guard against violence. At other times he is deceived by the proverbial cunning of the insane. He confuses illness and shamming. And the ignorant attendant is innately unable to view the patients objectively. To him the latter's antics, treachery or stubbornness become personal affronts.

It is doubtful whether there can be any effective solution under our present mass system. Individual treatment for the sick in mind and body is called for. This is obviously impossible in large institutions with small appropriations. Smaller institutions scattered throughout the State, under joint care of State and local authorities, would help. The chronic objection to the saddling of such an institution on a given town would be overcome if all were obliged to bear similar burdens. The chief difficulty — that of securing an adequate number of alienists and specialists to take care of so widely scattered institutions — would not long remain unsolved. Demand creates supply always. The overflow from the crowded medical field into the new branch of preventive medicine and sanitary engineering is proving this today. And it would be only a matter of a few years before the medical and hospital training schools adapted themselves to the need.

The "Boston Sunday Post" of November 2 published a front-page illustrated interview with Miss Lukanoff who had already left the Worcester State Hospital, together with Miss Mary Read. She said that she was instituting a great war for the benefit of the poor patients at Worcester. Miss Lukanoff was a student, apparently well educated in her own country though little was learned of her early history.

After a week-end recess the hearing was continued Monday, November 3. Miss Stewart was recalled by Mr. Haien, who represented the complainants against the hospital. Miss Stewart said that she had been

attacked by Rosa Costa, a patient with a suicidal mania whom she was assigned to "special."

"She got hold of my hair and was trying to hurt me," said Miss Stewart.

"I did not dare to defend myself because I had been informed that Rosa 'stood in' and would make a complaint if I hurt her.

"Nurses told me that Rosa complained of the nurses who defended themselves and caused them trouble. She had the privilege of choosing any nurse she wanted. The nurses considered her a 'star boarder.' I know Charlotte Stokell left the hospital because she wouldn't 'special' her. When Rosa attacked me she made my head very sore and there was a lump as big as an egg. At that time Miss Viola Wilson was 'charge nurse.' Miss Stokell had the choice of 'specialing' Rosa or leaving, she told me, and she left. No nurse wanted to 'special' her, as she was so dangerous.

"Rosa had tea made for her when she wanted it at meals. None of the other patients had that privilege. Rosa even boasted of having nurses discharged for slapping her when she attacked them. She told me if I touched her she would tell Dr. Scribner, and that I would get through. Nurses told me she cooked on the gas stove.

"Alma Foster was one who told me. Once I complained to a doctor of her washing, and Miss Halliday, the supervisor, said it was very improper to go over her head. We have no rubber gloves in the wards to handle injuries and dress wounds. Some of the patients have running sores, and it is dangerous to touch them without gloves.

"Once I got my eye scratched by a patient, but the doctor did not attend to it until the next day. On one occasion I was taken from charge and sent to relieve. I was in charge of inexperienced nurses. While I was on relief I was bitten in the arm by a patient in Washburn 3, and the wound was dressed two days later. Infection had set in, and there was pus in the sore. I asked the doctor what kind of sickness the patient had, and he said, 'Don't worry.' "

Miss Stewart took the dressing off the arm and showed a much swollen and sore looking arm.

"I have had my uniform torn to shreds by a patient, but the hospital never replaced it. When I was called away from the ward I had charge of two girls who had been there only a few days, and had charge of 72 patients. No girl who has been here six months can truthfully say she never saw 'sheeting.' "

*Miss Foster, testifying, said that she had "sheeted" patients herself, and had seen them "sheeted," and that her charge nurse and Miss Morse, her supervisor, had just told her never to pack a certain patient without "sheeting" her. She said that four nurses in all handled one patient and found it necessary to "sheet" her.*

"I have seen Rosa Costa use a gas stove," she said. "Rosa has kicked me and tried to choke me, and said if I dared to touch her she would tell 'Pa'



Scribner. She tried several times while I was near to get her clothes afire from the gas stove.

"I have seen women 'packed' and seen them stagger when they came out. I have seen one woman faint in a pack. That was Rosa Costa. It was in Folsom. Miss Milligan was supervisor. Dr. Shorer was not notified. It was reported she was to have a four-hour pack, but she fainted after two hours."

Miss Foster said she did not know whether it was right to give patients water when they were in a pack, but said she always did. She said they were expected to put a cold compress on the heads, but they wouldn't keep them on, and she said they were also supposed to put hot water bottles at their feet, but they could never find any.

"I saw Rose Pompogran dragged by the feet over the floor a week ago," testified Miss Foster. "It was one day when this investigation was going on. I don't wish to give the names of those who did it, but if they are truthful enough they can tell about it. There were four nurses in the ward, and Miss MacFarlane was charge nurse and Miss Milligan supervisor. One nurse was pulling the patient by the feet with her head and body on the floor, and I and another nurse lifted her up and carried her. This patient gets stubborn, stiffens out and kicks."

Miss Foster continued her story, saying that she had pulled patients' hair when they were trying to bite her. She said that a patient named Hattie Simpson had chronic dysentery, and that she knew that for two weeks this patient did not get any medicine. She told of taking blankets from patients' beds at midnight in January to make packs for other patients, when Miss Yeo was charge nurse and Miss Morse, supervisor. She told of interchanging beds, and said that Alice Doten occupied a bed in the daytime in which Mary Baxter, another patient, slept at night, without having the bedding changed. This happened every night for three weeks, she said. There were no sheets to make a change. She requisitioned for sheets and got them a week later. She said that patients with running sores were allowed to wash in bath tubs which were not afterwards disinfected. She also told of patients having been slapped, and Dr. O'Meara again reproached her for not using names. Miss Foster said that she was



afraid of losing her position if she did so, but after considerable argument she said that she had seen Miss Elizabeth Roberts, a nurse, slap a patient, and that another nurse, Miss Regina Rauchuk, was the nurse she had seen dragging a patient by the feet.

Mrs. Annie Cartwright of Roxbury was then called. She said:

"I came to the hospital once to visit my sister, Emma McLoughlin, and got into the corridor. The nurse said, 'I am sorry, but you won't find your sister very well.' I found her in a pack, and I asked the nurse what she had been doing. 'She's packed for being naughty,' she told me. I had never met the nurse before, and I don't recall the exact date, but it was within six months. I asked what she had been doing, and was told she had been breaking glass and was packed for that offence. My sister told me she was very thirsty and I got her some water. I had some oranges with me and I fed her.

"I went again to see her the Friday before the 17th of June, and I found her arms bandaged to the elbows. I asked the nurse what the matter was, and she said it was sunburn. 'We have had no weather to get sunburn,' I told her, but the nurse said she was on the roof and had rolled up her sleeves.

"Then Emma started to get up, and the nurse said, 'Mrs. McLoughlin, you can't get up. If you do I'll have to hurt you to get you back.' She got up just the same, and her legs were bandaged above the knees. 'This is sunburn, also, is it?' I said, and the nurse said, 'yes.'

"The nurse said she had just come down from the roof where she had rolled her sleeves up, pulled up her dress and taken off her stockings. 'Is that the way you let them go around?' I asked her, and she said sometimes they couldn't help it. My sister said as soon as she got a chance, 'Oh, Annie, they scalded me.' The time I found her in the pack the nurse said she had been in since the night before. It was then 11 o'clock in the forenoon. I asked the doctor about it, and she said 'What?' 'My sister being scalded,' I said.

"The doctor said she had got sunburned. 'Your sister has been noisy and a disturber for two weeks,' she told me. Then I said that my husband, who is her guardian, would come up the next Sunday, and I was told I would have to have a special permit.

"I got a permit and we came. We found my sister very, very quiet, and she didn't speak a word. She was kind of stupefied. We went to find Dr. Scribner, and were told he went away Friday. While I was talking with them I saw Dr. Scribner, and I spoke to him. 'Your sister has been very quiet for two weeks,' he told me. 'What about the sunburn?' I asked him. 'The worst case I ever saw,' he said. 'I hope you don't think your sister has been illtreated?' 'I don't know what to think,' I said, and he said, 'I'll look it up and find out all I can about it.'

Miss Mary Elizabeth Roche, who had testified previously, was recalled. She said that she did not get regular meals; that they had to use sheets for tablecloths; and that she had seen patients fighting until the blood ran, and thrashing each other with wet towels until they cried.

Miss Mary Ellen Neat, another nurse, said that patients were not quite so lively when they came out of pack.

"If they were weak, would their pulse go up or down?" asked Dr. O'Meara.

"I cannot say," said the nurse.

She said that the doctors went through the wards almost on the run. The only means she used to control patients, she said, was to twist their wrists behind them. . . . There were no face towels on her ward, and patients were obliged to use sheets, pillow cases or their own dresses. She said that on Washburn 1 they had not had enough mattresses until the last week. "Before that only those who had their own had any. We have got new pillows, new sheets and more nurses within the last ten days. Patients are given packs here because they are unruly. The food has been better for the last two weeks. Sometimes the quality of the meats has been bad."

Miss Lukanoff was called again and gave additional information and the names of nurses in various cases of abuse.

One of the new things she told of was seeing Emma McLoughlin being dragged over the floor, her feet tied in a sheet. She said she was being pulled by the hair. She was taken to the middle of the ward. While one nurse held her by the hair another held her hands and

sat upon her, with another at her feet. She said Miss Connor had her by the hair, Anna Glora sat upon her feet, while Miss Neat sat upon her body. She said this happened October 1.

Miss Lukanoff said that Amy King's false teeth were taken away from her, and while she had plenty to eat, she couldn't eat it. She told of Mary Hannon, a patient, having a black and blue chin and blackened eyes, and of seeing Julia Roman, a patient, feed other patients dishwater for soup, in the presence of charge nurses and other nurses who didn't stop her. She told of Sarah Price, a patient, being often dragged on the floor, and said that Mary Elizabeth Roche did it at least once. Mrs. Alexis, she said, was carried by her and Miss Harris, the latter carrying one end with a sheet wound around her head, while she carried her by the feet.

Abbie Worthley, a patient, she said, she saw lying on the ward floor with Adeline Penner sitting on her stomach and Miss Roche and Ida Milligan holding her. She said she complained to Miss Roche, and that her reply was, "That's good enough for her. We cannot do anything with her." Miss Lukanoff also told of two patients bathing together and fighting while three nurses were holding another who was making trouble. She said she complained to Dr. Whitney, Dr. Scribner's assistant.

Max E. Frankel, an attendant, was the last witness of the day. He said that he worked eleven hours a day, and had to buy \$2 worth of food outside the hospital. The institution was short of help. The low wages and the lack of help accounted for the abuse of patients. He said that twisting patients' arms behind them was a

common means of bringing them to subjection. "Two weeks ago," he said, "Serentius Sidius broke my glasses, and I invited two other attendants to give him a little trimming for it. I struck him a few times in the face and the others knocked him down on the floor and kicked him.

"Joseph Leonard wanted to go to church the other Sunday, but we wouldn't let him go, and he got angry and started to hit us. He was attacked and six of his ribs were broken and he got other injuries. He is laid up now almost helpless."

Asked if any of the attendants drink, he said 95 per cent of them are habitual drunkards.

Frankel's testimony was cut short by adjournment, as the hour was late.

The next day, Tuesday, was election day. The hearings were resumed on Wednesday, November 5, but most of the morning was wasted by discussions as to whether Frankel should be permitted to present further testimony. The matter is briefly described in the newspaper accounts. The "Boston Daily Advertiser" of the following morning gave a substantially correct report:

Frankel stated that he has left the employ of the hospital and is now living in Worcester. He told the Board of many instances of alleged restraint of patients, including the tying of a patient in bed with his arms bound for over a week; of another patient being practically starved for some two and a half days because he refused to eat his meals at the time and in the place specified; and of attacks of patients on each other and on an attendant.

Dr. L. Vernon Briggs of the Board referred to hospital records which showed that the binding of the patient mentioned had been authorized.

Frankel appeared before the Board Monday, when his story was cut short by an adjournment. After announcing at this morning's session that he had otherwise finished presenting his direct evidence, John A. Haien, who is conducting the complainants' case, asked leave to put Frankel on the stand to finish his story later in the day, as he could not get there at that time.

Chairman O'Meara and Mr. Whittemore of the Board opposed this as an interruption of the presentation of the case of Superintendent E. V. Scribner of the hospital, which was to follow. Dr. Briggs strenuously upheld Haien and said he would call for Frankel's appearance himself, if there was any question of him being permitted to continue. After a somewhat extended conference at recess, the Board ruled that Frankel could continue, which he did in the afternoon.

Fearful, as he claimed, of violence at the hands of attendants, Frankel had an appointment to meet Haien at a corner some distance from the hospital at the noon recess. He refused to enter the hospital grounds unless afforded police protection, so a Worcester policeman escorted him to the hospital. Though there were no visible signs of threats against him during the afternoon, the same process was repeated at the close of the afternoon session, when another policeman escorted Frankel, accompanied by Haien and several reporters, to Worcester on a car. Frankel stated that he was not hostile to the present administration at the hospital. He then proceeded to give his testimony which included statements of alleged abuses and a number of incidents of violence.

He told of a patient, Sampson Seder, attacking another patient, one Bill Lewis, colored, on their way to a religious service.

He said that Lewis had complained to him, Frankel, although he, Frankel, did not see the fight between the two men. One case of fighting between patients, according to Frankel, was when Joseph Foster, a patient, was attacked by Herbert Chapman, a patient, now discharged. He said the men fought but could not be separated by attendants — "In fact," he added, "we were so short of help at times that we were indifferent to the care of patients who were violent."

He told of attendants at the hospital taking fruit brought to patients by relatives and friends. He also said that Charles Vogel had been practically starved for two and one-half days because he would not go in to his meals according to the hospital routine. He told of one patient named Foster attacking him, and said that Foster was so powerful that he threatened to leave the ward unless the patient was moved from it.

Frankel alleged that Matti Kenonen was once tied to the bed for two weeks and that his body became covered with sores. From the hospital records Dr. Briggs read extracts showing this to be true. The date given in the records was August 17, 1912, while Frankel fixed it five days earlier. No reason for the alleged tying was given.

In conclusion, Frankel declared that it is practically the unwritten law among the attendants not to report violence toward patients, on their part, and that, if any attendant had the hardihood to report it he would be black-listed. This is one of the reasons why Frankel fears the attendants, he said.

Frankel advised the Board that if its members want to know about drunkenness among the attendants, such as is charged, they should view the hospital precincts after a pay day. He said that a majority of the male attendants drink.



"I think one reason why I was illtreated was that I happen to be a Jew," he continued. "This was continually thrown up to me. I was not physically attacked, but suffered from the attitude exhibited toward me."

Frankel had much more to say than was reported here, but his remarks are too long to quote in full. After he was dismissed, Dr. Scribner called the chef and the baker, who told how clean things were in the kitchen and bakery and of the good quality of food bought. Arthur McFee praised the commissary department, and Miss Mary Dudley, matron, and Miss Bertha Harris, assistant matron, testified for the hospital and told of efforts which had been made for better food and service.

The following day, November 6, was devoted to long questionings of the steward and others, and their answers showed a great waste of food at Worcester, obviously owing to the fact that it was unpalatable. The figures in regard to waste, however, were unsatisfactory, inasmuch as there was nothing with which to compare them. The question at the time was an interesting one to me, but the interviews are too long and too inconclusive to be quoted. The quality of the food given to patients was shown to be of the cheapest variety.

Steward Mulford H. Center said: "We buy cold-storage eggs in April at 22 cents a dozen. No eggs are served on the tables for attendants and patients; they are used in making cake. Some of the eggs are musty, but you must expect that in a large shipment."

The physicians got fresh eggs from hens kept at the hospital or got especially for them. The compound of coffee, chicory and cereal served to patients cost 9 cents a pound. Attendants got 18 to 21 cent coffee and the

staff the 33-cent variety, he said. Tea for the staff cost 40 cents; for the rest of the hospital, 12½ cents. The staff had print butter, while renovated butter at 25 cents a pound was furnished for nurses, attendants and patients; but his claim was that the quality of supplies served at the hospital was good.

A commentary on the waste resulting from such a quality of food was given by the matron, Miss Mary Dudley, who next testified.

Her statements were drawn out by Dr. Scribner, who was endeavoring to show that the keeping of statistics on waste had been originated by him as a means of cutting down extravagance in buying food for the institution. I brought out some facts which embarrassed the witness, by looking through the records, where I discovered that there was a weekly waste of 425 pounds of food in one ward, in another 512 pounds and in a third ward, where there were only 30 patients, a weekly waste of 609 pounds. Pressed for an explanation as to her deductions from these reports, and as to what means she had employed for checking the waste, the matron declared that she had never had time to study the reports thoroughly, and was unable to draw any conclusions from them.

BY DR. BRIGGS. Why is the waste in the Sargent dining room, where employees are fed, four times as great as in any other dining room?

WITNESS. There are many more persons there.

BY DR. BRIGGS. But isn't 425 pounds waste a week unnecessarily large as is 512 pounds in the nurses' dining room?

WITNESS. Well, some of it is bones and some is uneaten food left on the plates.

DR. BRIGGS. Would that not indicate something as to the attitude of the nurses and employees toward the food supplied?

WITNESS. It does not to me.

BY DR. BRIGGS. Can you tell me what the reduction has been in waste?

WITNESS. No.

DR. BRIGGS. This report for the last three months shows that the waste last week was greater than any other week but one.

Dr. Scribner declared that since the system had been installed there had been three barrels less waste a day, and that nearly a barrel of flour had been saved each day. Waste from men's side was much less than from the women's, he said, possibly because men eat more and clean up their plates better.

Very little usable food is ever returned. If an insufficient amount of food is sent to a ward the supervisor would notify me.

There are about 30 patients in Woodward 1, where there were 600 pounds waste a week.

BY MR. HAIEN. How do you account for this amount of waste, which amounts to a waste of one pound each meal for each patient?

WITNESS. I should consider that the poor separation of usable and unusable food so that all was returned is waste. It might be that the patients disliked the food and refused to eat it. It might be that the nurses did not even serve the food, but dumped it all into the waste. I fear that has been done.

I do not know whether 600 pounds is excessive. My study of the reports has not been sufficient.

The witness, under Mr. Haien's examination, took refuge in the statement that she could not remember figures, so the records were sent for and given to the witness to refresh her memory. Reading the record, the witness found that the waste in Woodward 1 ranged from 300 pounds to 600 pounds, and that from July to August the amount of waste in this ward was constantly increasing.

BY DR. BRIGGS. What is the average amount of waste on this ward?

WITNESS. I can't carry the figures in my mind.

DR. BRIGGS. You say when the waste is excessive you visit the ward. What do you call excessive?

WITNESS. I can't say.

MR. HAIEN. But this 600 pounds you say was excessive. Did you visit this ward?

WITNESS. No, I was not on duty. I do not consider these weekly reports, but the daily reports, and if I consider them excessive I try to look them up. I consider 28 pounds a meal to 30 patients as excessive.

MR. HAIEN. How do you account for 20 pounds of hash being returned?

WITNESS. It was not liked. I have had reports that hash was too greasy. I told the chef not to put in so much grease. I do not know what other complaint was made, although large quantities of hash are always returned. I did not try to find out, as I considered the hash all right.

I never saw food dumped directly into the swill pail, although I have had complaints and believe that usable food has been deliberately thrown into the swill.

MR. HAIEN. What specific remedies have you achieved since you came?

WITNESS. We have improved the diet. They used to have a stationary

diet; now we vary it. The male attendants were eating in the wards, and we gave them separate dining rooms. We have been able to supply requisitions more rapidly than before.

Such statements as these go to prove the contention I have always made that in *attempting to cut down the per capita cost by the purchase of cheap food great extravagance results*, not only in the ultimate per capita expenditure by the State, but in prolonging the residence of many patients, who, with good food, might be discharged earlier. The two main points in economy are the prevention of mental disease and the early return of the patient to the community.

The "Worcester Gazette" of November 5 published the following in an editorial entitled

#### CARE OF THE INSANE

People with keen sensibilities are warned against reading the testimony offered at the investigation now under way by the State Board of Insanity. Certain it is, if the evidence presented may be trusted, that the unfortunate inmates of the average asylum are treated with a deal of rigor, not to say cruelty, and tender-hearted individuals will find their happiness enhanced if they skip the résumé of proceedings. Without specifying the kinds of cruelty revealed in the progress of the investigation, it is sufficient to state that cases are described which, were friends of ours involved, would stir our hearts deeply, and the victims, though not members of our immediate families, are the loved ones of others, and are just as much entitled to considerate kindness as our brothers, sisters or other relatives. Were Dorothea Dix, that remarkable Worcester woman, who did so much for the improvement of the hospitals for the insane, still in this life, we are wondering what would be her attitude towards the mentally unbalanced who are gathered in so many Massachusetts hospitals. Of this we may be sure, that whatever human beings could do for the distressed, that she would insist on being done. Men who have failed at everything else may secure jobs in an asylum, always provided they appear to have muscle enough to grapple with the patients, who in their frantic stages need the strong hand and arm. Sometimes it is a death grapple in which one life must go, that of the keeper or the kept. The insane, from the very meaning of the word, are beyond the reach of reason, and the ordinary keeper is not a psychologist to resort to the methods of the schools. Oftentimes it is now or never with him, and thus employees who have no malice in their souls are really responsible for seeming inhumanity. Large salaries

are paid the supervisors of our hospitals for the insane, it being understood that their services command and must have great pecuniary recognition. Perhaps the real solution of this much vexed matter lies in increased compensation for those who have to deal personally with the unfortunates. Possibly, the time may arrive when men and women who are to perform this sort of labor will be more carefully selected, and who knows but that schools of preparation may be established, and the entire service thereby placed on a higher level.

The "Boston Transcript" of Thursday, November 6, came out with the following editorial:

#### THE STATE INSANE HOSPITAL

More sensational and specific appear to grow the charges with respect to the treatment of patients at the Worcester State Hospital for the Insane with each successive hearing. It is still proper for the public to suspend judgment, but those who are responsible for the management of the institution should put no obstacles in the way of sifting the allegations made against it to the bottom facts. It is a matter upon which the public is sensitive, because it involves a class of people lacking the guidance of reason and therefore entitled to all the humanity and gentleness possible consistent with the firmness necessary for their control. Dr. Briggs was right in insisting at the hearing yesterday that technicalities should be swept aside and that any statements bearing upon the situation should be admitted and form a part of the record.

The most serious of the charges, and one that should be probed until the whole truth is made known, is that against the male attendants, that a large number of them are addicted to the use of intoxicating liquors, and that liberal indulgence is a practice among them. If there is any position in which it is the duty of a man to keep his mind clear and his senses unclouded it is in that involving control of those unfortunate beings who have lost control of themselves. For an attendant to undertake that delicate duty, when himself under the influence of liquor, even if only to a quite limited extent, would be worse than the blind leading the blind. But it is insisted that cases of this kind have been frequent. Statements to that effect have been made by more than one witness, and it is of the utmost importance that their truth or falsity should be established. If true, there ought to be a general clearing out of such faithless and dangerous servants of the State.

Of course, no right-minded citizen of the State desires to believe these stories, but he can hardly wish them to be ignored, if they are true or even partially true. The officials in charge have admitted that the nurses and attendants were not of as well trained a class as are employed in private hospitals, though we can see no good reason why they should not be. The institutions of the State ought to have the highest standards in dealing with both the unfortunate and the criminal classes. It is claimed, also, that there



should be more nurses, and that seems plausible. If so, the State cannot excuse itself by pleading that it is too poor to provide them. It has no business to hold itself responsible for the conduct of these institutions unless it furnishes the means to properly man and equip them.

The State hospital consists of splendid buildings in a fine and presumably healthy location, but it is the inside rather than the outside that now more directly interests the public. If the personal equation is gravely at fault, this fine asset is a reproach rather than a credit. At any rate, it is important to know just what the conditions are, and we trust the investigation will be conducted solely with that end in view. The remedy, if one is needed, can then be decided upon. The character and the habits of the men who have charge of these poor people are matters of grave concern, and should be the first feature of the case to be probed.

On November 6 the papers also announced a mass meeting to be held at Faneuil Hall the following Sunday, to protest against the State hospital situation, under a committee headed by Miss Lukanoff. Her letter to the public, as published in the "Boston Journal" was as follows:

A meeting to protest against the abuses in our State insane hospitals has been called for Sunday, November 9, 1913, between the hours of 2 and 6 P.M. This meeting is called by the nurses signing the petition to the Board of Health, Lunacy and Charity. Many of the nurses and attendants will be in attendance and can tell the public of Boston just what conditions obtain in these institutions.

Especial attention will be paid not only to the Worcester State Hospital; other institutions as well will be exposed.

On account of the apparent reluctance of the Board to investigate, we will have to take our case to the people.

We are confident that the citizens of Massachusetts do not want their insane treated in this barbarous and inhuman manner, and we take this method of calling the attention of the public to this matter.

On November 7 fellow attendants were called to refute Frankel's statements. Their recriminations seemed rather to back up the charges of brutality, their main disagreement being as to which of the attendants had been most guilty. Regarding Frankel's story that he had seen a patient "trimmed" by attendants, the

other attendants claimed that it was Frankel himself who had abused the patient after other attendants had refused to help him in the work.

Arthur Peterson, an attendant at the hospital for three months, said he knew Sarantis Xides, the patient that Max E. Frankel said Peterson helped to "trim." He said he was present when Xides was assaulted. Frankel kicked him. Frankel asked Peterson to lick Xides. When Xides broke Frankel's glasses Frankel went to Peterson and said he wanted some one to beat Xides. None of the attendants would help him, and Frankel pushed Xides off a chair and kicked him in the ribs. Peterson said he picked the patient up and put him back in the chair.

He never saw Xides make any trouble and never saw him beaten by any patient.

Inibran Vertanean, an attendant at the hospital, said he knew Sarantis Xides, and never struck or abused the man. He saw Peterson take hold of Xides, but he did not choke him or abuse him. He said Frankel wanted him to help "trim" Xides, but he refused to. He never abused a patient. He said the only time he ever saw a patient abused was when Frankel kicked Xides. He would not report abuse of a patient, if the charge nurse was present.

He testified that before he came to the United States he was in business in Constantinople. The first job he got when he came to the United States was when he started in as an attendant in the Worcester Hospital. He had no recommendation when he came to Worcester.

Vertanean denied that attendants stole fruit from the patients.

On Sunday, November 9, the mass meeting was held at Faneuil Hall, with Dr. Galvin in the chair, and an organization was formed called the Massachusetts Hospital Reform Society. An account of this meeting is here quoted from the "Boston Herald" of November 10:

#### ATTACK INSANE INQUIRY AT FANEUIL HALL MEETING.

**Speakers Declare Effort is Being Made at Worcester to Whitewash Hospital there. — Resolutions Demanding Reforms Are Adopted. — Attendants and Nurses Tell How Patients Are Abused. — J. D. Williams Describes "Hospital Tramps" and Their Outrages**

Tales of brutality by attendants of various State hospitals for the insane were told by former attendants and patients at a meeting called by the Massachusetts Prison Reform Society at Faneuil Hall yesterday afternoon,

to protest against the manner in which the investigation of the charges against the Worcester Insane Hospital is being conducted by the Insanity Board.

**Whitewash, says Dr. Galvin**

Charges that a persistent effort is being made to apply a coat of white-wash, and that the Board is seeking to intimidate witnesses and to restrict the testimony to a narrow scope, were made by Dr. George W. Galvin, president of the Prison Reform Society, and John D. Williams of Malden. Credit was given to Governor Foss by Mr. Williams for nullifying the attempt to squelch the investigation, which seemed in a fair way to succeed until the Governor interfered, he declared. Dr. Galvin told those present to look for some sensations at the Worcester hearing next Wednesday. The meeting was attended by 800, who unanimously adopted a resolution, drawn up by Dr. Galvin, tending to reform the entire system of caring for insane patients in Massachusetts institutions. All said that the charges had not been over-drawn, and that what was true at Worcester was true in every insane hospital in the State. The fault was in the system, Dr. Galvin said, and there would be no improvement until the system was reformed.

The recommendations adopted called for the expenditure of all money appropriated for the care and cure of the insane; raising the standard of all attendants and nurses, and paying them wages that will make the service attractive; shortening the hours of work to eight, with at least one nurse or attendant for each 10 patients and a trained nurse or attendant in every ward; serving food to the patients of the same quality as that served to the medical staff and allowing special food for patients unable to eat the regular fare; a sufficient number of trained physicians so that scientific medical treatment may be given; immediate stoppage of censorship of letters from patients to relatives and friends; unannounced visits to the institutions by the trustees, with at least one-half the Board memberships made up of working people who would receive per diem compensation for time given to State work; relieving hospital superintendents of the business administration; a visiting board of three disinterested alienists, not under the jurisdiction of the State Board of Insanity, who should examine patients in all institutions regularly and determine their mental condition and to recommend for discharge those fit for release; the passing upon each death in an institution by a medical examiner; a sufficient appropriation for scientific care and cure of the insane and a night physician at all hospitals.

Dr. Galvin announced that there would be a meeting of the Prison Reform Society at his office tonight to devise ways and means for carrying on the propaganda for reform. Mr. Williams declared that the way to obtain any improvement was to make such a noise in the State that the people would realize the terrible conditions existing and create a public opinion which the officials would not dare to ignore.

H. W. McLean said conditions at Bridgewater were demoralizing and dehumanizing, and associations in the evil atmosphere soon deadened the sensibilities. He said he had seen attendants drunk. One patient was beaten

with a mop handle and another was sent out into the cold improperly clad, with the result that his death followed.

Sadie Katz of Medfield said:

"I have been an attendant at the Medfield State Hospital at Medfield, Mass., and cannot remain silent in the face of the facts which have been brought to light at the Worcester State Hospital. My conscience calls me to indorse everything that has been testified to by the complaining nurses. In fact, my experience bears out their testimony.

"The food at the Medfield State Hospital was often so poor that I was frequently hungry and was compelled to purchase food whenever it was possible. There was a general shortage of help at the hospital, — a shortage which of necessity results in brutalities and injuries to the patients. Most of the cases of abuse are a matter of self-defence. Beating up patients is such a common thing that a nurse who does not resort to those methods is unpopular with her associates, and regarded as chicken-hearted."

Mr. Williams said in part:

"The situation is a peculiar one. The institutions for the insane in this Commonwealth are owned and controlled by boards of trustees. They are trustees acting for the State, just the same as a bank or trust company acts as a trustee under a will. The policy has been to continue the trustees in office indefinitely. It is common and not unusual to find trustees who have served for twenty years. They are appointed by the Governor. The method of administration of our hospitals for the insane has been entirely wrong. It has been positively established that one superintendent should not have more than 600 patients for whom he could properly care. In these institutions there are 1,500 patients. In addition to having the personal responsibility of the health of these patients on his hands, the physician in charge of the hospitals has the matter of business administration to look after.

"No civilized person can hear without revulsion of feeling and pity the stories of inhumanity and neglect — suffered by the patients. The hospital trustees do not apportion enough of their appropriations for wages and food. Too much is given for the purchase of new lands and to pay for the contracts for the erection of new buildings. The result is that there are not enough nurses and attendants to care for the patients.

"What you have heard of the abuse of patients is nothing to what has been perpetrated by 'hospital tramps' who roam about the country working at hospitals for the insane under different names. The only reason why they are employed is because they are cheap. The chief reason why the 'hospital tramps' do the work is because they can 'get by' easily. They are not scrutinized carefully. If they have criminal records, and many of them have, they are beyond the scrutiny of the police. Also the hospital is warmer in winter than jail, and they get a few dollars a week for rum. Hospitals located near a saloon city are chiefly desirable to these attendants. Worcester is a license city.

"The nurses who have revealed the situation are not on trial, although the hospital authorities would make it seem as if they were. The superintendent,



trustees and State officers whose duty it is to inspect these hospitals and see that they are properly managed are on trial. The whole system is on trial. The State Board of Insanity is supposed to look after these institutions: They are supposed to keep these institutions up to a proper standard. It has been shown that they have failed. It has been shown that the State Board was ignorant of conditions which were so bad that one-half of the nurses of one hospital put their names on a petition complaining against these conditions.

"The State Board is not trying to get the whole truth. Is it logical that they should? The worse the conditions are shown to be by facts brought to light, the more they are subject to public disapproval.

"The men who have been attempting to get at the facts at Worcester, have done so because of their public spirit. They have put their hands in their own pockets and have paid whatever expenses have been necessary. They have been hampered by the State Board; they have been hampered in every conceivable way that would not too glaringly show suppression.

"It has been claimed that suppression does not exist. It does, but in a subtle, cunning way that does not come out in the light and make its fight. To overcome this it is necessary to meet this wall of underground opposition with a firm defence. They are spending all kinds of money to suppress the facts. All the concentrated effort that can be brought to bear on the situation is being exerted to restrict the hearing to as small an area as possible. They hope to leave a doubt in the mind of the public. They hope to be able to shift the responsibility to the shoulders of the individual nurses. They hope to be able to whitewash the institution. This they would have been able to do had not Governor Foss interfered with their star chamber plan. He had been warned by the newspapers what some of the members of the State Board were up to. It has been a peculiar hearing. There have been no laws of evidence. The witnesses who testified to the outrageous conditions have been restricted and browbeaten. The other side has been allowed to introduce testimony which would be incompetent in any court in the land. Their denial has been irrelevant. Their statements have been immaterial.

"The complainants were not allowed to put in their entire case. They have been halted twice while the defence has been allowed to inject its general denial out of order. The witnesses have not been sworn. The witnesses for the complainants have made sworn affidavits of their testimony.

"The complainants have been subjected to the most searching cross examination, severe if not harsh, by members of the State Board, as well as the superintendent of the hospital. There has been little opportunity to cross examine the witnesses for the defence. The Board has also allowed the superintendent, who was conducting the hearing for the defence, to ask his witnesses leading questions, which indicate the reply he desired.

"He had the active assistance of two able lawyers, both members of the Board. In addition, he has had a large office force, clerical assistants and the assistance of all of the members of his staff, in his attempt to try to break down the facts so far brought out.



"If the trustees are allowed to continue in the manner they have been doing of blocking and suppressing, the public will never know the facts. The investigation into the condition of all of the State institutions will be halted if the State Board is able to whitewash this institution."

On the 10th of November several of the Boston papers were furnished by Dr. Galvin with translations from a journal kept in Russian by Miss Lukanoff. Making all allowances for Miss Lukanoff's excitability, this journal is a human document which carries on its face the hall-marks of genuineness. The extracts which came out at this time covered the week from August 13 to August 20. I quote them, as published by the "Boston Post."

AUGUST 13, 1913.

I am disgusted to the depth of my soul because of the treatment of the nurses of this ward to the patients. I cannot justify the actions of the nurses. This is tyranny. This morning there were three nurses in the ward and 56 inmates, most of them helpless. Nearly half of them have to be dressed by force.

Nearly 20 of the patients were left in bed all day, and often during the day they got out of bed and ran around the ward, creating great disorder, and frequently fought and injured each other.

#### KICKED IN THE FACE

I got kicked a half dozen times, and one patient kicked me in the face and scratched my nose. I was on duty today from 6 to 1 and 5 to 8, and during this time two of the patients were packed for a few hours. One was Abbie Worthley, and another patient. One of the patients was hard to get to the bath room, and we had to carry one. I got kicked by her and my hair was pulled.

AUGUST 14.

I was on duty from 6 A.M. to 8 P.M. From 6 to 7 we were dressing patients. One of them was very resisting. Two nurses and I could hardly dress her. During the time we were dressing her she was beaten and pulled by the hair terribly. They punched her stomach so as not to leave any marks. During the dressing Olga Peterson came along and hit the patient in the face and also pulled her hair. The nurses didn't attempt to stop her or help in any way. From 10 A.M. to 5.30 P.M. I was attending to continuous baths for the patients. My feet were wet and I had chills. I felt disgusted with the authorities.

## PATIENT BLACK AND BLUE

We gave three packs during the day, two for Abbie Worthley and one for another patient. While helping one of them I received a kick in the stomach from a patient. At 7 o'clock, while putting a patient to bed, I got kicked in the head.

The patient who was forcibly dressed in the morning, I found all covered with black and blue marks when I undressed her. Her arms, shoulders, body and back were all discolored. She had been locked out on the piazza all day long and other patients were beating her. There was one particular patient who always beat her although she was very quiet.

AUGUST 15.

Again, my hours, 6 A.M. to 8 P.M. Two of the nurses were called to Washburn 1 to pack a patient. One of them, Miss Ida Milligan, came back with her apron and kerchief torn to shreds. When I asked her how it happened she told me she got there just as a patient was attacking Miss Harris, and Miss Harris didn't want to let the patient know she was afraid of her. Miss Harris winked for her to help her.

## NURSES WERE BITTEN

Miss Harris went to the telephone to send for help, leaving her alone with the patient. During that time she was waiting for help Miss Milligan was struggling alone with the patient, and in it her apron and kerchief were torn to pieces.

She was glad she had not been bitten, for the patient was one who bites. The patient bit one nurse's arm and another's finger, which were not healed at that time. At 8.30 A.M. was giving a pack to Abbie Worthley, with the usual process of not having nurses enough, so we had to be rough and use much force. From 10.30 to 6 P.M. I was giving continuous baths. The patients were excited. They were splashing water and I was wet through; my feet were wet and I was chilled. I had fifteen minutes for dinner, ten minutes of which I used up getting to the dining room and back.

## DRIVEN LIKE CATTLE

AUGUST 16.

One of the nurses beat a patient because the patient threw her bedclothes on the floor. During breakfast there was absolute disorder, driving the patients in to eat just like cattle. Nobody bothered whether they had a chance to sit down or not. No one saw how they ate or what they ate.

Some should be fed by persuasion and force, while others had abnormal appetites and even ate from the swill pails. The rest of the patients had trays. Two patients were helping us to carry out the trays. As soon as that was done those two patients went back with them before the patients had a chance to eat. Those who were strong enough to keep their trays got something to eat, but those who should be fed went without.

Between 10 and 11 was giving pack to Abbie Worthley. At 4 o'clock gave pack to Anna Glover. Miss Pearl Milligan gave the order to get the pack ready.

#### HIT WITH HAIR BRUSH

At 7 o'clock I was in my room. Two nurses came and told me that during the undressing of patients one resisted and one of the nurses was struck with a hair brush. The nurse was trying to protect herself. Meanwhile another patient came and helped the other to pound the nurse. There were only two nurses on the ward.

The second one went to telephone for help, and during that time the nurse was doing her best to defend herself. She was pulled by the hair. When help arrived they could hardly get Minnie Fairbanks, a patient, into her room. Then the three nurses returned to punish the other patient. It happened to be near Philips 1 door, and the nurses did not dare to punish her. They were sorry they didn't get a chance to punish her.

AUG. 17.

My day off. At breakfast I heard there were two packs on Washburn 1 where the nurses had a hard time. Miss Pearl Milligan and Miss King missed their breakfast. I heard them talking about it in the office.

AUG. 18.

On duty from 6 A.M. to 8 P.M. There was the same disorder at breakfast. From 7 to 10 A.M. patients in the middle dormitory were acting terribly. One of the patients, Grace Carroll, was climbing up the window, tearing her clothes and throwing her bedding over the dormitory.

Another was throwing her bedding on the floor, taking off her clothes and walking around and destroying beds or anything she could get hold of. Mary Baxter was walking around in her short night dress torn into two pieces. She was stealing food from other patients and making balls out of it, sticking them into the other patients' ears and mouths.

I found Mrs. Corney, an old woman, with her nose and ears plugged up with food. She soaked the bread in coffee and threw it into the patients' faces.

At 2 o'clock one of the patients was annoying me and trying to spit in my face. Also she shook the other patients in their beds, squeezing them and doing anything she could to make trouble. She attacked me when I told her to stop.

#### LET PATIENTS FIGHT

The charge nurse is careless of the patients. She lets patients fight with each other without stopping them. Between 3 and 4 o'clock I saw one patient sitting on Abbie Worthley's stomach. Knowing how strong she was I told her to get off. She wouldn't and I went to get help. I got one of the nurses and she told the patient it was a good job, that she needed to have the punishment, because during the morning Abbie went on the ward, without any clothes on, when Dr. Orchard was on the ward.

I went to see the charge nurse with the hope she would take proper meas-

ures. When I brought her to that patient I saw the same smile and she said it was all right. The charge nurse was Ida Milligan. She said it was a good job, and only told her to get off when the doctor came. Abbie Worthley was in agony. The patient sitting on her weighed 180 pounds and sat on her more than an hour and a half.

#### HAIR PULLING MATCH

About 4 o'clock one of the patients ran to me crying and showed me a big swelling on the lower part of her stomach. My attention was called to two others who were fighting. I had separated them a few minutes before.

At 7.30 I found that a patient grabbed a nurse by the hair and the nurse was holding the patient's hair with the bed between them. One nurse and I had a hard time getting the patient's hands off the nurse's hair. We thought the nurse would let go of the patient's, but she was just the opposite. The nurse said she felt like choking nurses who are gentle with patients.

AUG. 19.

One patient was excited and threw her oatmeal on the window, bed and floor. She threw all her breakfast away and went without any. There was a pack for Abbie Worthley. Unnecessary force was used. One of the patients was fighting another, and I told Miss Ida Milligan and she only said, "Is she?" and didn't do anything.

#### FOUGHT WITH A CHAIR

Two other patients were fighting with a chair. I took the chair away, and a few minutes later I saw them fighting again, pulling each other by the hair. They were locked out on the piazza with no one to take care of them.

AUG. 20.

On duty 6 to 8 A.M. and 1 to 8 P.M. Dormitories were in absolute disorder. Night nurses told me what a hard time they had during the night. Almost half the patients were excited; were throwing their bedclothes around. One of the patients had a continuous bath almost all night.

At 12.30 two nurses went to dinner and two were left on the ward. Miss Milligan was busy on the opposite side of the ward and in the lower dormitory. One of the patients was making an awful noise. She was dragging all the beds out of the dormitory and I was trying to quiet her.

#### TRIED TO BREAK FINGERS

She threw me against the wall, then she grabbed my hand and tried to break my fingers. Besides the pain, I was frightened at my position. The woman weighed about 218 pounds. After I got out of her hands, I hurried to the toilet room and found a woman screaming and protecting herself with her hands and feet. Two patients were attacking her, pulling her hair, putting wet paper down her back, pinching her nose and body.

She was Fannie Whitney, and was a quiet patient, old and half blind. I told them to leave her alone and they turned against me and threw water on me. I heard dishes fall in the hall as a patient threw them down and then threw the bedding on them.

I tried to put things in order, but the patient was so excited I couldn't do anything with her, and she threw me out of the dormitory and dragged beds all over it. All that time I was alone.

#### PATIENT WAS DUCKED

Two patients told me that one of the nurses sent to relieve me, Miss Roberts, was ducking Miss Whitney under water, pinching her nose and pulling her hair, and that when Miss Whitney screamed she stuck a broom handle down her throat. Also Miss Whitney told me she was treated that way.

After 4 o'clock Anna Glover was annoying other patients in the toilet room. She was running after an old lady, Mrs. Cowdrey, pulling her by the braids. Then she came to Sarah Price, a very sick patient, who had an awful cut on her throat, and who was tube fed. Anna Glover poured cold water on that patient. I was busy taking temperature and was not able to see what was going on. I saw Miss Culpan change her bed during the trip of Dr. Orchard. He gave a physical examination to Abbie Worthley.

She was in a helpless condition, covered with bruises. Her hair was matted up as a cap on her head. She was packed three times in twenty-four hours, a few hours each time.

In addition she wasn't fed for nearly two weeks. I cannot express the feeling I had toward that doctor. I felt like throwing him out of the ward. I think he ought to have attended her before, and that this examination was useless. If the life of that poor creature was worth nothing, then why should they kill her through such a long stretch of death.

After the doctor tripped I went to the middle dormitory, where I found Sarah Price soaked through again. Anna Glover was standing at her bed with the pail in her hands, striking with the pail. When I told her to stop, she turned to me. I couldn't do anything with her because she was stronger than I. Sarah begged me to take Anna away, and bring her paper and pencil. I brought it and a pad and went to get a table, and during my absence Anna Glover took the writing board and struck Sarah with it. She tried to hit me with it. The nurses saw all these things, including Miss Ida Milligan, the charge nurse, and didn't say anything to Anna.

I was so tired and sick of things when I got back to my room I couldn't sleep for fear of tomorrow.



## CHAPTER VIII

## MISS LUKANOFF'S JOURNAL CONTINUED

The publication of Miss Lukanoff's journal, covering the following week, was continued in the "Boston Post" on November 13:

AUG. 22.

Worked 6 A.M. to 8 P.M. From 6 to 7 breakfast was with the same cruel process. At 7 o'clock I was transferring one patient from one bed to another. She was Irene Sweet. After I put her into bed she struck me in the head unexpectedly and then grabbed me by the hair. When she got my hair she turned across the bed and her feet were kicking my stomach. I was alone and couldn't help myself, it was so unexpected. When Mrs. McCarthy and Mrs. Cowdrey, patients, saw me struggling with Irene, they came and beat me. There were only four nurses on the ward. Mrs. Gregory was in the bath room. Fortunately, she came and helped me out.

When I was collecting trays after breakfast in the kitchen, one of the patients, Victoria Menard, kicked me in the shins.

Anna Haley and Mary Maply, patients, were fighting. Mary tore off Anna's clothes, and then grabbed her by the hair and threw her on the floor. During the dinner Anna Glover had epileptic fits about a half hour. There was one nurse to be with her to keep her from hurting herself. Miss Milligan was with her. I was with the other patients, about 50, helping get dinner. There were several to be fed, and some were fighting with each other continually.

## HELPED BY VISITOR

Just after dinner visitors came on the ward. The same scene was repeated with Irene Sweet, she grabbing me by the hair. Mrs. Jesson of Somerville, a visitor, helped me out because there was no other nurse there.

Miss Milligan was busy answering the telephone and receiving visitors. Mrs. Gregory was in the bath room. A few minutes afterward Anna Glover had fits again. Between 2 and 3 o'clock Anna Haley and Katherine Brennan were fighting with chairs on the piazza with several other patients. I took the chairs away from them, and while I was there, there was much trouble in the ward.

During the time I was taking Mrs. McCarthy out I heard an awful noise on the piazza, and I hurried there, leaving everything. Through the screen door I saw Katherine Brennan was chasing Anna Haley with her shoe, trying to strike her. Before I got the door unlocked I saw Katherine strike Anna

several times in the head with the heel of the shoe. I rushed between them, but before I could catch Katherine's hand she struck Anna in the forehead, leaving a deep gash.

#### PATIENT'S HEAD HURT.

The blood was flowing over Anna's face and she was wiping it with her clothes. Her hands were covered with blood. I could hardly get her into the clothes room where Ida was working. She bandaged her head. Then we didn't know where to put Anna for she was exciting all the patients and striking nurses and visitors. At the time both piazzas were filled with patients and visitors, and the corridor too. The middle dormitory was also full. We decided to give her a continuous bath. Mrs. Gregory was giving baths from 10.30 to 3.30 P.M. We took her into the bath room with Alice Worthley and another patient.

In the middle dormitory there were five patients to be specialed: Mary Baxter, Hannah Kiff, Irene Sweet, Grace Carroll and Loretta Jesson. They were supposed to stay in bed, but as I was everywhere busy, they were getting up from their beds, scattering their clothes and bedding, and destroying everything. Most of the time I spent in that middle dormitory keeping those patients in order because the visitors were there. All that time Mrs. McCarthy was master in the hall and large dormitory, doing whatever she wanted. In addition to that, between 3.30 and 4 Anna Glover had a few epileptic fits. We didn't know all that time what was going on in the bath room.

#### LOCKED UP WITH MANIACS

Mrs. Gregory was locked in the bath room with three violent patients, absolutely unprotected. Anna Haley when she was taken there was acting terribly. Mrs. Gregory was soaked through, as Anna was splashing water all over her. When she was near Anna she was being hit in the face. Mrs. Gregory went out of the bath room a few times and asked to have something done to those patients because she was not able to stand any more. Miss Milligan said she was too busy and Mrs. Gregory went out of the bath room saying she would quit unless something was done.

No attention was paid to Mrs. Gregory. Miss Milligan saw that things were going too far and asked for permission to give a pack to Anna, and received word there were no people to pack her. Miss Milligan asked help from Washburn 1, but there were no nurses to help.

It was almost 4 o'clock, time for the visitors to leave the ward. Miss Milligan was kept with the visitors and I was kept busy with the patients everywhere, on the piazzas and the dormitories. Mrs. Gregory was fighting with the patients, waiting for help. From Washburn 1 only one nurse could come, — Miss McDonald.

#### USED KNEEING PROCESS

At this time Anna Haley was so excited there should have been six or eight nurses to attend her. There were only three. There is no word to describe

how we were struggling to get that patient in the pack. We used the kneeling process, twisting her arms and holding her by the hair.

Mrs. Gregory and I were not strong physically. Mrs. Gregory was holding Anna by the hair. I was holding her right hand and right shoulder and Miss McDonald was left to do everything else. The patient was spitting in Mrs. Gregory's face. While she was wiping out her eyes she let go of her hair. Anna turned around quickly and threw off Miss McDonald, who was kneeling her. The bandage on her head slipped off and blood was flowing from the wound. The patient was trying to kick. She threw her head up and down on the hard pointed mattress. We had things almost ready several times, and she slipped away from us.

At last Miss Milligan came and one of the patients helped us to pack her. After she was packed, Mrs. Gregory struck her several times in the face while she was helpless in the pack. Then she took a sheet that she had kept over Anna's mouth and made a ball of it and pounded her over the mouth.

#### HAD TO BE ROUGH

Mrs. Gregory left the ward and went to the doctor and complained that the nurses had too hard work with few nurses and had to be rough with patients. Mrs. Gregory was discharged at once. After that trouble Anna Glover fell in the middle of the hall in an epileptic fit. It was just after 4 o'clock. The visitors were going away. Miss Milligan was engaged unlocking the doors. I was with Anna Glover preventing her striking herself against the floor.

After the visitors went out, and Anna Glover was able to get off the floor, I went to the dining room to cut and butter bread for supper. At that time another nurse came on the ward, — Miss Roche.

Supper was in indescribable disorder, as there were only two of us on the ward. Miss Roche and I were obliged to give the supper to 46 patients. About 30 of them should have had trays, and more than half should have been fed by persuasion. All that work was supposed to be done by only two of us. We brought the patients to the dining room as cattle, and instead of helping them we could only keep our eyes open to prevent fighting. That day I was asked to go to my supper and back in fifteen minutes or to have a tray. If served on a tray, you lose your appetite, because the food is cold and poorly served.

#### DOCTORS WOULDN'T TALK

During the supper I overheard that girls were laughing because Mrs. Gregory was discharged for being cruel to a patient. I felt it was my duty to go and find out how it was reported to the doctors. After 8 o'clock I went to see Dr. Whitney, assistant of the superintendent, as Dr. Scribner was on his vacation.

He received me reluctantly and didn't want to talk to me. I insisted. He said she was cruel to the patient. I told him that if he thought that

was so he ought to discharge all the nurses on his wards. Then I told him how we treated the patient as far as I saw it. I told him everything as I am writing it.

AUG. 23.

During breakfast I heard a noise in the hall of falling dishes. I ran out to see what was there and found Miss Culpan's hair was in the hands of Irene Sweet. Miss Culpan was carrying a tray out to the piazza when she grabbed her, beat her down and kicked her. Miss Roche, I and a few patients were hardly able to relieve Miss Culpan. Mrs. McCarthy was destroying clothing and there was the usual disorder at dinner. After dinner only two nurses, Miss Roche and I.

#### USUAL FIGHTS

A patient was received and struggled with us in the bath room. Anna Glover had many epileptic fits during the day. On account of being only two nurses the patients took advantage and made trouble everywhere. A patient who beat Albertina Morrissey every day was doing it again with shoes and books. Irene Sweet and Katherine Brennan were fighting with chairs and shoes. Usual fights and disorder at night.

AUG. 24.

Worked 1 to 8 P.M. A patient, Olga Peterson, was beating Eveline Previero on the piazza. Patient Anderson and Albertina Morrissey were fighting. I am disgusted with carelessness of nurses who didn't do anything to prevent those fights.

#### DEATH OF PATIENT

AUG. 25.

My day off. In the morning one of the night nurses told me that Abbie Worthley was dying in Folsom 1. Later I learned that she died this morning. I can't help but think that she was killed by treatment.

AUG. 26.

On duty 6 A.M. to 8 P.M. The day was quiet. Dressing, dinner and supper was the same as usual. Miss Roche told me that yesterday, in my absence, during the breakfast, she was attacked by patients and her uniform torn into strips. She was left alone, and, as she expresses it, she barely escaped being badly injured.

AUG. 28.

6 A.M. to 8 P.M. Nothing very exciting today. Meals the same as usual, the same old story. During the day only two nurses on ward. During the supper charge nurse Ida Milligan, instead of seeing which patients ate and what they ate, was fixing up the bedclothes in the clothes room which could be done any time. This particular evening supper was later than usual because of not enough nurses to prepare it quickly. In addition to this four of the patients had to be fed by force, — Mrs. Cowdrey, Mrs. Carney, Mrs. Crosage and another. I am too tired to write any more tonight.

AUG. 29.

6 A.M. to 1 P.M.; 5 to 8 P.M. Same trouble during meals. Visitors' day. Absolute disorder on account of carelessness of nurses. There were four of us. Some were in the clothes room; some were dancing in the hall with patients in the presence of visitors. When it was almost time to prepare dinner Miss Ida Milligan, the charge, gave an order to give medicine to Albertina Morrissey, and we had a hard struggle with her. After we were through we went to the dining room, and instead of getting dinner the nurses were helping themselves, notwithstanding it was late.

We have a certain time to send the dishes back. Somehow I do not blame the nurses very much because if they didn't help themselves they would starve to death. The food is poor enough and we don't have time to eat, partly on account of the work on the ward, partly on account of nurses who go to the first table.

AUG. 30.

On duty 6 A.M. to 7 P.M. Breakfast was only a make-believe. I fed two of the bed patients, — Mrs. Cowdrey and another. I did not give them all they needed, only what I had time to do. I am too tired to write any more.

## A REMARKABLE DAY

SEPT. 1.

On duty 6 A.M. to 8 P.M. The morning was the same as usual. This is a remarkable day in my life. I caught myself in an act I didn't think I was capable of. I realize the conditions are making a strong impression on my character. Lately I noticed being nervous, and that I am pushing patients instead of coaxing them, to get rid of the trouble of caring for them, and I lose my patience easily.

This morning at 7 o'clock I came to help dress Irene Sweet. On my request to get up, speaking politely, I leaned over the bed and unexpectedly she grabbed me by the hair, and struck me twice in the face. She was trying to catch my hands. She caught me by the hair again and jumped back on the bed kicking me in the stomach, with her feet. After I got my hair loose I grabbed her by the feet, and threw her into the bed. Then I grabbed her by the hair and shaking her in my hands against the mattress with the words, "Do you know what I mean?"

When I let go her hair she got up and started to pound me. I was trying my best to avoid being hurt in the face, and then I grabbed her and pushed her into the middle of the dormitory. She was still trying to get me by the hair. Patients surrounded me and were trying to help me.

## DRAGGED HER BY HAIR

I asked Olga Peterson to knock at the dining-room door where nurses were getting breakfast. The door was locked. During that time she was getting the nurses Irene kept fighting me, so I grabbed her again by the hair and dragged her out into the hall nearer the dining room, where she caught



me by the hair again. This moment nurses came out of the dining room and she ran away when she saw them coming.

At 9.30 Miss Roche, Miss Anderson and I were trying to wash Miss Whitney's eyes. She was very resisting. I received a hard kick in my teeth. Miss Roche got a hard blow in the head from Adeline Fenner a short time later, while they were transferring her to Washburn 1 to give her a pack. I was giving continuous baths and there were only two nurses. We were feeding by force Miss Elizabeth Hearn, and we couldn't do it she was so resisting. Miss Roche was holding her by the left arm and shoulder and I was sitting on top of her and could hardly hold her right hand. Miss Anderson placed her elbow on the forehead and held her nose with one hand and fed her from a feeding cup with the other.

After that we were trying to get her temperature for half an hour. During that time the other patients were left alone to "try" to kill each other and do all the damage they could. In addition, Miss Whitney was in the continual bath, where water has to be regulated every minute. She could scald herself or drown alone. At 5 o'clock Mrs. Adeline Fenner was much excited. She was throwing everything she could get herself and was dragging beds . . . all over the dormitory, pushing all. I was in the bath room giving bath to Fannie Whitney and Mary Baxter, and fearing that Adeline would get back into the bath room, I went out and locked the door and left them to themselves.

This journal gives as clear an idea of the conditions existing at Worcester as all the testimony we extracted at the hearing, and of the impossibility of nurses and attendants remaining in the service under these conditions without becoming brutalized, to say nothing of the lack of any suitable training for those who had come to the "nursery school" in good faith, hoping to be graduated with a diploma which should qualify them to practice as registered nurses in the State of Massachusetts. That many "graduates" with such training did register is, indeed, a reflection upon the laxity of our system of registration of nurses.

Our hearings, which had been discontinued for several days, were resumed on Wednesday, November 12, under some difficulties, as a lawyer named Patrick H. Kelly, of Boston, appeared and claimed to be the

official representative of the petitioning nurses, who had heretofore been represented by Dr. Galvin's son-in-law, John A. Haien, a young Harvard law student. After an executive session of our Board Judge Mason read the following from the records:

It is voted that the Board proceed with the hearing, allowing the petitioners to put their question through Mr. Haien only. If the petitioners are not satisfied with this they may express their wishes in writing before the Board at the next public hearing to be held in this room Wednesday, Nov. 19, 1913.

The hearing was then permitted to proceed. Dr. Scribner again called nurses who denied any knowledge of abuses such as had been related by Miss Lukanoff and the other petitioners, but nothing new was brought out at this day's hearing. The hearings were then adjourned for a week, during which time, however, the newspapers were far from silent; their demands became more and more urgent and their statements more and more sensational.

There was, even at this time, considerable doubt in my own mind, as in the minds of many others on both sides of the controversy, as to the desirability of such an investigation as this by the State Board, as the Board itself might be said to be more or less responsible for the state of affairs in the institutions, though it really had little actual power to right them under the then existing system, its official duties being merely supervisory.

But, for my own part, I was determined that if a hearing was to be had it should be thorough, frank and open, and I did everything in my power to secure this. At least the hearing was of great benefit in awakening the State and the public to a sense of their

responsibility for the helpless members of the community; and it was especially valuable in showing up the inefficiency of the old system which it was necessary to stress very forcibly before any real progress could be made.

The "Boston Herald" of November 14 stated my attitude in the following article:

FRIDAY, November 14, 1913.

#### BRIGGS MAKES PROTEST ON ASYLUM PROBE

**Dr. Briggs, who is Member of State Insanity Board, asks that Attorney-General Swift Take Charge of Inquiry. Board, Itself Involved, has no Right to Act as Judges, he Contends.**

The rumpus over the manner of conducting the State Board of Insanity investigation of the Worcester Insane Hospital promises to grow warmer instead of quieting down.

Dr. L. Vernon Briggs, who is himself a member of the Board which is trying the case, has made protest to Governor Foss on the ethics of the situation, and has asked that Attorney-General James M. Swift be assigned to represent the people.

Because of press of work in his own office, and the lack of a direct order from the authorities, Mr. Swift has so far refused to take any move in that direction.

The point which Dr. Briggs has made to the Governor is that the State Board has no right to be judge in the case. As he puts it, no matter how complete the investigation may be, the fact remains that if there have been wrongs at the Worcester institution, part of the responsibility rests on the State Board.

It is charged, under the Statutes, with supervisory powers over that and all similar institutions, and therefore, as the Doctor puts it, the members are in the position of trying themselves. While he is confident that the Board is broad enough to ignore that situation in making its findings, he holds that it would be better if the methods were changed in some ways, or a state law officer were introduced to go to the bottom of the whole affair.

Hearings at the Worcester State Hospital were again resumed on November 19, Mr. Kelly and Mr. Haien both being present to represent the petitioning nurses.

This day's hearing did not open until 11.55, as our Board found it necessary to hold a conference to discuss the dispute between the counsel for the complaining nurses. Mr. James M. W. Hall of Cambridge (who had just been appointed to the Board by Governor Foss to fill the place of Dr. Taylor, whose term had expired) sat with us for the first time. Miss Lukanoff and several other nurses had sent in a written request that Patrick H. Kelly be permitted to represent them, while nine other nurses protested against allowing Kelly to supplant Mr. Haien as chief counsel for the complainants, and Dr. Galvin also wrote protesting against the ousting of Haien. We finally voted to proceed with the hearing, allowing Mr. Haien to represent the petitioners as heretofore; but that any other person desiring to put questions to the witnesses in behalf of the petitioners might do so through Mr. Haien, or present them in writing to the Board. Additional charges of brutality on the part of attendants were filed by Attorney Kelly. He presented to the Board three letters from patients who told how they had been beaten and otherwise abused. He was very anxious to have a certain patient called to testify in the investigation; this woman had filed charges with the Board, through her lawyer, that she had been deprived of her liberty for seventeen years through conspiracy. Our Board decided not to hear this patient, as it seemed best to investigate such charges privately, even if they were not delusions. A patient would have no standing as a witness, according to one authority.

Miss Ida McNeil, supervisor of nurses, was called for cross-examination by Mr. Haien. Miss McNeil

admitted that cases of brutality had been reported to her. Every case, she said, had been examined and it had always been found that there was some reason for making the charges. Another nurse, Miss Mulligan, also denied abuses at the hospital. She said that the best way to handle a vicious patient was to throw a sheet over the patient's head. "It's better for the nurse and for the patient, as it subdues them more easily." She said that she had received no instructions about "sheeting." She would not sheet a patient now because of the amount of criticism that it had caused.

The Boston papers reported the hearing at great length, bringing out very strongly my own part in the questioning. From the "Boston Herald" of the following day I extract this rather personal matter:

Hardly secondary in point of interest was the accusation made by Dr. Briggs that the members of the Board of Trustees of the institution were interfering with his cross-examination of witnesses and criticising his questions. Dr. Briggs was the only member of the State Board of Insanity who questioned the defence's witnesses at any length. He examined each one searchingly and thoroughly. Seated behind him in a row were the three hospital trustees.

The open break between Dr. Briggs and the trustees came while he was grilling Miss Ida McNeil, supervisor of nurses. Halting his grilling fire of questions, very unexpectedly he turned towards the dignified looking trustees and, with a display of annoyance, exclaimed: "I wish you trustees would refrain from talking while I am examining witnesses and you might also stop criticising my questions." Not one of the trustees uttered a word in reply, though when Dr. Briggs turned to resume his examination one made a grimace. Witnesses for the defence, physicians and nurses, connected with the asylum, held forth all day today. Each made sweeping and positive denials that they had seen any malpractice, abuse or brutality employed by attendants on unruly patients. . . . Dr. R. L. Whitney, first assistant superintendent of the hospital, Dr. W. L. Orcutt, Dr. George A. McArthur and Dr. H. V. Hendricks were the closing witnesses today. Declarations were made by two of them that they could suggest nothing to improve the welfare of the patients and the efficiency of the hospital staff. Dr. Hendrick's impressive remark, that patients who ought to be at large were in the hospital, was made when Dr. Briggs asked him this question: "Isn't it a fact, Doctor, that there



are some patients here who might properly be at large?" "Yes, I think so," responded Dr. Hendricks. "We don't intend, though, to have patients here who ought to be discharged." "Are there a good many cases where patients could be sent out if there was a proper home for them to go to?" persisted Dr. Briggs. "Yes, that's the great trouble in dealing with such patients," responded Dr. Hendricks. "Many of them have no home, nor friends, nor relatives to go to, and we don't know just where to send them." "Wouldn't it be a good idea if there was a social worker connected with or in touch with this institution who would find proper homes for such patients?" "I think that would be a good idea."

It was revealed by the cross-examination of Dr. Hendricks that he takes care of 386 patients. While in the McLean Asylum at Waverley, a private institution, there were seven physicians for about 220 patients when he was connected with it. Dr. Hendricks is a Harvard, 1909, graduate. He spends about four to five hours a day attending to the mental and physical treatment of his 386 patients, he declared.

"Many of the patients have insane delusions about not getting proper food," he explained to the Insanity Board.

The "Boston Post" said under date of November 21:

Replying to questions of Dr. L. Vernon Briggs of the State Board, Dr. Whitney testified that quite a number of patients might well be released if there were proper places for them to be put, — places where they could be carefully observed. "I am not asking these questions in any way of criticism," said Dr. Briggs, "but simply to get at the truth and to show that quite a large number of patients might well be out. I am not catering for any newspaper headlines, either. I know that the same conditions exist here as in every other insane hospital, and that there are many who might just as well be placed in private homes if there were places to put them."

Dr. Ray L. Whitney, the assistant superintendent of the hospital, rather startled the Board by saying that, in his opinion, restraint of patients was justified under existing conditions. He testified that since the investigation began, 17 applicants for positions as attendants had been refused positions in one day. It had been reported that since the investigation started the hospital authorities were particularly careful in the selection of male attendants for fear spies would get into the hospital.

In answer to questions by Dr. Scribner, Dr. Whitney told of the social service work of the staff; and he said an effort was made to discharge all patients who were able to leave the hospital for whom proper accommodation could be found. He said that the Legislature had refused their request for money for a special social worker. He told also of the eugenic work being done at the hospital. The recovery of patients at the Worcester Hospital was, he said, about 10 or 12 per cent, which compared favorably with New York and with other Massachusetts Hospitals. About 40 per cent of those admitted were eventually discharged as cured or able to be self-supporting, and the work could be greatly improved if they had more employees and better facilities.

On cross-examination by Mr. Haien, Dr. Whitney told of the case of a patient, Joseph Lanz of Dorchester, who was found to have five broken ribs. These injuries, Dr. Whitney said, were due to the patient's restlessness; he had fallen down, and had fallen out of bed at night. Reports of this case were submitted in which attendants had testified that the injuries were accidental. Mr. Haien said that he was prepared to submit affidavits to prove that the injuries resulted from the patient being kicked. The reports also told of the man's eye being blackened and of several cuts on his face and chin. Mr. Haien asked for the statement made by Lanz, himself, but it could not be found on the records.

## CHAPTER IX

COMPLAINTS FROM OTHER HOSPITALS. — HEARINGS ON WORCESTER STATE HOSPITAL CONTINUED. — LAST HEARING NOVEMBER 20, 1913

At this time there was also a great outcry as to abuses in some of the other hospitals, especially at Taunton and at Westborough. An ex-patient, William E. English, one of the secretaries of the Massachusetts Hospital Reform Society, sent in a very detailed complaint to the State Board and, later, to the Governor.

From this time Westborough shared the notoriety of newspaper attacks and criticisms. I confine my report, however, principally to Worcester, where the investigation by the Board was most thoroughly and personally conducted. Conditions there were, it seems to me, more or less representative of conditions in several other State hospitals.

November 20 was the last day of the hearing, and little more evidence was brought out, excepting of a negative sort. Dr. Scribner closed his defence with a lengthy statement in which he claimed that the hospital was doing everything possible to care for patients with the money provided by the Legislature; the shortage of nurses and any abuses which might exist were due solely, he claimed, to a lack of sufficient money to run the hospital. Superintendent Scribner in his statement said:

I do deny that any person is kept here continuously who is sane. However, there are many persons here who would be released if we could find the proper persons to care for them. I don't think that the mere fact that a person is insane is reason why that person should be kept in an insane asylum.

In voluminous detail Superintendent Scribner related his attempts to get the Legislature to give him more money. He told why he made each request, explaining just what the money was needed for. If social service workers who could find proper homes for patients eligible for release were employed, he said, many patients could obtain their freedom. He has asked for funds to engage social service workers, he explained, and they have been refused.

"It is true," he added "that there are people here who could be released if conditions were made proper to care for them in the future, but we don't know where to send them. We can't find a place for each patient. Social service workers could.

"We recognize fully that this is a public institution and that we are public servants. We do everything possible consistent with discipline to help people have access to their friends, who are under our care."

Services are held every Sunday for patients of the Catholic, Protestant and Jewish faiths. Clergymen of those beliefs conduct the services.

Regarding the censoring of letters Superintendent Scribner explained that it is the aim of the authorities to allow patients to have the freest communication with friends. The only letters suppressed were those which contained vituperation, blasphemy or obscenity.

Patients had no social standing, no matter whether they came from the highest or lowest levels of society, once they became inmates. They were all treated as individuals and as their respective cases required.

He told the State Board that patients could be handled better if he had more nurses, but in this, as in many other instances, lack of enough money prevented the hiring of enough nurses.

After Dr. Scribner had finished, Mr. Haien put Max E. Frankel again on the stand to testify in re-

affirmation of statements which he had already made. He contradicted much of the testimony given by hospital employees. Mr. Kelly was then allowed to make a final statement embracing recommendations which he desired to suggest. It had been very difficult to keep Mr. Kelly quiet during the examination of witnesses.

"If I had an opportunity to cross-examine these medical authorities," said he at the opening of the afternoon session, "I would demonstrate without doubt that the witnesses are falsifying.

"I understood that Governor Foss ordered a public hearing and I do not call this a public hearing. No doctor without a legal training can trap a witness in a lie. I cannot understand why I can't question these witnesses."

Continuing, Attorney Kelly said:

"I am not here to attack any man or prosecute him criminally; I am here to help find what the trouble is and help correct it."

The testimony brought out had led him to these conclusions:

1. That the State Board of Insanity should comprise salaried members — about \$5,000 a year for each man — so that they could devote their entire time to the oversight of State institutions.
2. That the unpaid Board of Trustees of the Worcester State Hospital should be paid a sufficient salary to give their whole attention to an institution so large that it employs 300 people and often has 1,500 patients.
3. That the superintendent of the Worcester State Hospital, who now receives \$3,000 yearly, should be paid a much more substantial sum.
4. That a sufficient number of physicians and nurses should be employed to care properly for patients intrusted in their charge.
5. That more care should be exercised about admitting people to the institution as insane persons.

Mr. Haien seconded Mr. Kelly's remarks and said that he was confident that the accusers had proved their case against the conduct of the hospital. Dr. Scribner told the Board when he finished that he had called every member of his staff except Dr. Cornelia B. J. Schorer, who was in a critical condition suffering from nervous prostration as a result of the investigation.



He said that she was compelled to remain in a darkened room her case was so serious.<sup>1</sup>

The "Boston Herald" of November 21 contained a very temperate editorial, which nevertheless brought out many of the salient features of the situation as follows:

#### THE TRUTH ABOUT THE INSANE IN MASSACHUSETTS

Right-thinking people, with a proper sense of social responsibility, cannot be indifferent to the "disclosures" now current in relation to our institutions for the insane. Conditions within the walls are confessedly bad. They are conducted on too small an allowance. But in criticising them certain considerations should be borne in mind as fundamental to the situation.

None of the authorities of the Commonwealth, or of the respective asylums, want to keep any person in them who is well enough to be out in the world. These places are desperately crowded; patients are in some cases sleeping in the corridors, and the nurses and physicians are badly overworked. The number of inmates increases much faster than the State supplies facilities for their care. In such circumstances nothing would please the asylum officials more than to be relieved of some of their burden; and while individuals in the outside world may, and often do, have a motive for desiring to get somebody incarcerated, the hospital management itself has everything to gain by the opposite policy.

It is also true that the State institutions contain many patients who should be cared for elsewhere, as in private homes. And when a witness says that certain inmates do not need the restraint of an asylum, the community jumps to the conclusion that this is a horrifying acknowledgment. But it is not so bad as that, unless some other place for such a person can be actually found. In Scotland most of the insane are boarded out in families. This State has such a provision, and likes to act under its terms. The only trouble comes in getting the families. If suitable households will not take the unfortunates at a price which the State can afford to pay, and if their own families and friends will not care for them, just what else is the State to do with them than what it is now doing?

It should be noted always that the demarcation is not always distinct between the insane and other types of the deficient and dependent classes. Poverty is a confusing factor. As between the almshouses and the insane asylum, families are usually eager to get an unfortunate into the latter grouping. Much pressure is brought to bear, often resulting in the manufacture of testimony with that end in view. The decisions of the courts and of the asylum authorities can never be absolutely just or accurate. They doubtless have many people who properly belong somewhere else.

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<sup>1</sup> See Chapter XIII.

The notion prevails that insanity is rapidly increasing. The number of inmates are, but not the sufferers from the affliction. Under modern conditions a larger number of people are so adjudicated, because those phases of life which produce the biggest crop of candidates, like the crowded tenements of the cities, foreign populations unadjusted to an American environment, etc., are constantly increasing. But the doctors tell us that some progress has actually been made in reducing the number of the mentally deranged. And more progress will be made with more money.

The State should break up its elephantine institutions in the cities and spread their inmates over large areas of the country, where some of them can cultivate the land and otherwise develop occupational interests, and where all can get some slight measure of enjoyment out of life. The State should also spend more money on physicians. It should raise the wages of the nurses, so as to get a more permanent class of employees and of higher grade. In these respects our insane situation calls for improvement. . . .

## CHAPTER X

BOARD'S REPORT ON HEARINGS DELAYED. — MEETING AT LORIMER HALL.  
— THE NURSES' PROTEST. — OTHER SERIOUS ABUSES REPORTED FROM  
WORCESTER. — WET PACKS. — THIRTIETH SEMIANNUAL CONFER-  
ENCE OF THE BOARD WITH TRUSTEES OF THE STATE HOS-  
PITAL. — MR. JAMES M. W. HALL A NEW MEMBER OF  
THE BOARD. — REPORT STILL DELAYED. — GOVERNOR  
FOSS'S STATEMENT TO NEWSPAPERS ON RETIRING

Much happened before the report of the investigation at Worcester was finally made to Governor Walsh, on January 30, 1914, more than three months after the nurses' first protest. The report should have been made to Governor Foss immediately after our investigation, and before he went out of office. The legal member of our Board, although he had not been present at all of the hearings, was appointed to go over the testimony and draw up a report for the Governor. Our new member in the Board, Mr. Hall, and I urged, both verbally and by letter, that this report should be presented promptly after the hearings were concluded; but we were in the minority, and it looked as if Judge Mason himself or a majority of the Board were determined that the report should not be presented until after Governor Foss had gone out of office. Even then some of the members of the Board expressed themselves as desirous of waiting "until the public forget." The position was a most trying one for those of us who were impatient to see that matters were put right.

The nurses who had petitioned for a hearing were not satisfied with the result of their efforts in spite of

the disclosures which they had been permitted to make, and another meeting was held at Lorimer Hall under the auspices of the Massachusetts Hospital Reform Society, at which a printed copy of the following letter of protest was circulated and the appended resolution unanimously passed:

#### THE NURSES' PROTEST

WORCESTER STATE HOSPITAL, November 25, 1913.

TO EUGENE N. FOSS, *Governor of the Commonwealth.*

YOUR EXCELLENCY: — We, the nurses employed at the Worcester State Hospital, respectfully call your attention to the following facts relative to the investigation which was recently had at the Worcester State Hospital. As Your Excellency well knows, the investigation which was recently held was the result of a petition brought by the nurses of the said hospital in which certain charges were made as to the conditions existing in said hospital.

Originally the petition was intrusted to Dr. Galvin for him to present to the State Board of Insanity, and we understood at the time that Dr. Galvin was acting for us, that he intended to procure an attorney-at-law to act as our attorney in verifying the accusations and charges which were made by us in said petition. After we discovered, however, that Dr. Galvin had not procured the services of an attorney-at-law to examine into the said charges and conduct the hearing which was to be held, and as soon as we discovered that John A. Haien, whom Dr. Galvin had purported to authorize as an attorney-at-law to prosecute said charges, was not in fact an attorney-at-law, we felt that justice could not be done under such conditions.

Our conclusion in regard to Mr. Haien's inability to properly present our case was fully justified by the manner in which the hearings were actually conducted, and in this state of affairs we procured as our attorney Patrick Henry Kelly, a lawyer of ability and reputation, to act for us, and also notified Mr. Haien and the State Board of Insanity that we had terminated Mr. Haien's authority to act for us and had substituted Mr. Kelly in his place.

For some reason which we have never been able to fully understand neither Mr. Haien nor the State Board of Insanity seem to be impressed with the idea that we, the nurses who were the active accusers against conditions in the State Hospital, had any right to be represented by counsel of our own choosing, and our effort to have Mr. Kelly act as our attorney was on three several occasions actually ignored by the State Board of Insanity as well as by Mr. Haien. We originally had forty-nine nurses at the State Hospital in support of the petition, notwithstanding which fact Mr. Haien who conducted the case against our wishes presented only the evidence of ten nurses; the manner in which the State Hospital witnesses were examined by Dr.

Scribner as well as the manner in which Mr. Haien permitted such witnesses to escape without any proper test of their veracity being made was certainly one unprecedented in investigations of this nature. From the foregoing statement it is easy to draw the conclusion that no matter what findings the State Board of Insanity actually make in making their report as to said investigation, that they cannot possibly make a report which will do full justice to the facts, as many important witnesses were not called to testify to conditions that should have been open to investigation.

We do not know what you can do in the present state of affairs, but whether you can do anything or not we wish to enter this formal protest against the manner in which the said investigation was conducted, as we believe that to let the matter pass in silence would be only to justify as a precedent a similar course in future investigations concerning State Institutions.

SIGNED BY ALL THE NURSES SUPPORTING THE PETITION.

#### PROPOSED RESOLUTION

*Whereas*, The State Board of Insanity, by denying to the nurses of the Worcester State Hospital the right to be represented by counsel of their own choosing at the investigation of the charges in the petition filed by them, did thereby assume a power and method of procedure contrary to the spirit of American institutions and subversive of the right of the people to have a public investigation as distinguished from a private and secret investigation, we, the citizens of the Commonwealth in mass meeting assembled, do

*Therefore*, Resolve that the action of the State Board of Insanity was unjust, improper and indefensible.

On December 14 the following article appeared in the "Boston Sunday American" and similar statements in other papers, showing that Miss Lukanoff was still at work in the cause which she had made her own.

#### MISS LUKANOFF TO PRESENT PETITION TO GOVERNOR ON DAY HE TAKES OFFICE

##### Girl to Ask New Insanity Probe

With a petition charging that the investigation of the Worcester State Hospital was a whitewash, Miss Bessie Lukanoff will call upon Governor David I. Walsh to institute another probe of the insane hospital.

"I will call upon Governor Walsh to require a fair and impartial investigation of the deplorable conditions that I know to exist at Worcester," said Miss Lukanoff to the "Sunday American." "The other investigation was a splendid coat of whitewash. It was a garden in which they grew bouquets to be handed to the officials in charge of the hospital. I know the conditions in



the hospital absolutely, and my only purpose is to get justice for the unfortunates confined there."

It is planned to present the new petition to Mr. Walsh on the day he is installed as Governor of Massachusetts. The petition will probably be the first document of State-wide importance called to his official attention.

Two very serious cases pointing to the probable abuse of patients at the Worcester State Hospital developed before the report of the investigation was printed. The following account, taken from the "Boston Journal" of January 5, 1914, is similar to the accounts given by the other papers:

### 13 BROKEN RIBS KILLED LUNATIC

**Worcester Asylum Authorities claim Cambridge Man fell against Bed. Police are Investigating Case of Alleged Cruelty in Institution**

WORCESTER, Jan. 4.

Eight fractured ribs on the right side and five on the left side were, in the opinion of Medical Examiner Fred H. Baker, "contributory causes" of the death of Charles E. Seaver, 66, who died at the Worcester State Hospital for the Insane just two months to a day from the time he was committed to the institution from Cambridge, on October 23 of last year.

Dr. Ernest V. Scribner, Superintendent of the State Hospital, said that the only explanation he has heard of the fractured ribs was that Seaver "fell against a bed. I don't know that a fall could have produced the injuries," Dr. Scribner admitted, "but that is the only statement I have heard regarding them. I am not altogether satisfied with the explanation." After the autopsy, which was performed by Medical Examiner Baker, assisted by Dr. Ernest L. Hunt, associate medical examiner, and Dr. Edward B. Bigelow, assistant pathologist at the State Hospital, it was admitted that "the injuries might have been due to violence on the part of someone." At present the district attorney and the police are investigating the case, and an inquest is soon to be held. The story that Seaver "fell against the bed" came out in a statement from Dr. Ray L. Whitney, assistant superintendent of the State Hospital, who said today that a patient named Perry and an attendant named Starrett Corkum had given him information to that effect. They claimed to have seen the man fall. The medical examiner admitted that Seaver "would probably have lived at least two months more if it had not been for the fractured ribs."

Medical Examiner Baker stated that death was due to general paralysis, and that Seaver was subject to several maladies. "Shock" and the fracture of the thirteen ribs he gave as contributory causes.

"When I was called into the case it was represented to me as a case of violent death," he said today, "and I made the autopsy with that hypothesis." There were no contusions or abrasions upon Seaver's body, he declared, although there were two bad sores on the back. The man was very emaciated. Seaver's death occurred in Thayer Ward No. 2, an infirmary ward. It was discovered on December 19 that he had several fractured ribs, and Dr. Scribner made a report to the State Board of Insanity to that effect. One rib, Dr. Scribner said, was broken on the left side and three on the right side, in that report.<sup>1</sup>

James F. Pennell, guardian of Seaver, said last night that when Seaver was committed to the State Hospital, so far as he could judge, the man showed no signs of organic weakness.

At a meeting of our Board Mr. Hall and I had voted that this case be investigated, but the other members voted against us.

The other case was reported in the "Boston Journal" of January 12, 1914, as follows:

#### INSANE PATIENT IS DEAD, SEVEN RIBS FRACTURED

Medical Examiner at Worcester gives Tuberculosis as Cause

WORCESTER, Jan. 11.

Following closely upon the death of Charles E. Seaver at the Worcester State Hospital, in which the fractures of thirteen broken ribs were given as a "contributory cause," Medical Examiner Fred H. Baker announced today, after an autopsy on the body of Narcisse M. Giroux, another patient at the institution, that, although seven ribs were broken, "they were not responsible for his death."

Tuberculosis is given as the cause in Dr. Baker's report. Giroux was forty-nine years old and was committed to the State Hospital from Somerville on September 12 of last year.

Dr. Ernest V. Scribner, superintendent of the State Hospital, declined tonight to give any information regarding the man's death or to discuss the reports that the broken ribs were sustained in a struggle between Giroux and two attendants at the institution.

"You will have to see Dr. Baker," he said.

Giroux died at 6 o'clock last night. Dr. Scribner at once notified Dr. Baker and the autopsy was performed today. The medical examiner stated that the broken ribs were sustained several weeks ago and that they were not of

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<sup>1</sup> I have already referred in Chapter VI to the testimony of the attendant Cate, given at the Worcester hearing, as to what he believed to be the serious abuse of this patient.

importance so far as Giroux's death was concerned. Assistant District Attorney James A. Stiles refused to discuss the case.

Giroux was mentioned at the recent hearing before the State Board of Insanity at the State Hospital by one of the attendants at the institution, who said that he had "heard" that "Giroux got into a fight with some of the attendants."

A piece of iron in a cloth and an iron bed knob in a stocking were used, according to the stories the attendant Max Frankel claimed to have heard, to beat Giroux into subjection. The investigation into his death, should such an inquiry be called, will be the third into the deaths of patients at State insane hospitals ordered within the last few days.

The accusation that wet packs were given as punishment or used by the nurses as restraint, rather than for their legitimate medical purpose, came to us so often, not only at the Worcester hearing but in complaints received from other hospitals, that at our meeting of January 16, 1914, on the motion of Mr. Whittemore, it was

*Voted*, That a committee be appointed, consisting of the Chairman and Dr. Briggs, to formulate a series of questions, the answers to which shall inform the Board as to the principles of giving wet packs and the working out of these principles, at each institution under the supervision of the Board.

The following Questionnaire was accordingly sent out to all the superintendents:

- I. Which members of your staff usually prescribe wet packs?
- II. How much experience have they had prior to entering your service, and have they had any special instructions since?
- III. Are sheets used to restrain packed patients in bed?
- IV. Do you always explain to the patients why they are placed in packs and do you keep a nurse in constant attendance to watch the patient's condition and to keep the patient's head cool?
- V. Is any patient left in a pack without a special attendant?
- VI. How many packs have been given in the last six months?
- VII. How many the six months previous?
- VIII. How many the first six months three years ago, or from January 1st to July 1st, 1909?
- IX. What means do you usually employ to quiet your patients before prescribing a pack?

X. What do you expect to accomplish in a therapeutic way by packs repeated several times a day or for over two hours at a time?

XI. In your opinion, is there not danger of packs being given solely for restraint, if not given in the presence of physicians?

XII. If you order packs for a certain time, do you, or one of your staff, always determine by personal examination the condition of the patient, if it is best to renew the pack or not?

XIII. Do you make a routine examination of urine, blood pressure and so forth as often as once in three months in the case of every patient in your hospital? If not, how often?

The Thirtieth Semiannual Conference of the Board with the trustees of the different institutions under its supervision was held on November 18, 1913, at which the sole subject under discussion was hospital dietaries. Otto Folin, Ph.D., Professor of Chemistry at Harvard University, addressed the conference on the subject of flour, saying that the cheaper flours were quite as nourishing as the finer grades, and that most of them would make as good bread if properly baked. A long and profitable discussion followed on the subject of food and of waste; but it seemed to me that the stress was laid almost entirely upon the institutional or economic rather than the hospital idea of dietaries. At the end of the discussion, however, Dr. Fernald made some interesting statements as to the proper nourishment of children, and Dr. Frost of the Boston State Hospital stressed the difference between hospital dietaries and mere institution feeding, adding:

Good classification of the patients is essential for a workable distribution of special diets, for it is practically impossible to make the proper distinction if patients of various classes with differing requirements are served together.

Small reception wards, hospital wards and infirmary wards permit the grouping apart of three classes of patients, all requiring special diet, but each group differing somewhat from the other two in its special demands, while all the remainder of the hospital population is suitably cared for with the regular dietary if proper regard be paid to their group variations in bodily activity.

Each of the three special divisions I have mentioned will receive a liberal

allowance of milk and eggs, broth, soup, custard, toast, etc., — the special diet staples; and in addition the reception ward will need for a certain proportion of the patients in it the regular fare served to the able-bodied classes. The hospital ward will be called upon to serve restricted or specially prepared diets for individual cases, according to the physician's prescription, and the infirmary section must have stews, hash, etc., for the paralytics and those too demented to masticate their food properly.

Dr. Southard made some interesting suggestions in regard to the prevalence of kidney disease in mental cases, saying that he had found that about 70 per cent of all autopsied cases showed chronic Bright's disease in some form. Continuing, he said:

Whatever be the cause of the high proportion of renal disease in our patients, it is clear that the problem is deserving of study, and that an exact study might yield dietetic conclusions of interest. Such exact study is well-nigh impossible under the conditions of hospitals for the insane, since no one seems to know how to procure the twenty-four hours amount of urine which is a desideratum for all standardized work. At least this appears impossible for more than the occasional case with the number of nurses and attendants available.

Dr. Everett Flood of the Monson State Hospital said:

Dr. Earl D. Bond, lately clinical director and pathologist at Danvers State Hospital, has called my attention to observations of his tending to show that glycosuria on admission to hospital is perhaps very often a matter of inanition. Still another matter which suggests further study of the question of special diets is the frequency of gastrointestinal disease, and particularly atrophy of mucous membranes in those subject to mental disease. Gastric dilatation and atrophy of the stomach wall occur in a fairly large number of cases; and back of the mere disorder of the membranes is a striking deficiency in the lymphatic apparatus. This has been studied more especially by Dr. H. M. Adler during his service as pathologist to the Danvers State Hospital. An index to this lymphatic deficiency is afforded by the small size of the spleen characteristic of the insane, to which Dr. Adler has given a statistical form.

As I before stated toward the end of the hearings at Worcester, Governor Foss appointed James M. W.



Hall of Newton to succeed Dr. Edward Taylor on the State Board of Insanity. Mr. Hall was a prominent financier and a man of wide business experience, holding offices as president or treasurer of lumber companies, director of banks and of the Boston Chamber of Commerce. He was a public-spirited citizen, a Republican, who had been mayor of Cambridge and president of the Cambridge Water Board for over five years,—a man of unquestioned ability, honesty and integrity.

It was a great gratification to me to have the support of this clear-visioned friend in the work which I had undertaken against the apathy of some of the institutions and of the less active members of the Board. The remaining members of the old Board were faithful and well intentioned, but it seemed to me in many instances that their vision had been dimmed by long service, and that their work had become a matter of routine, so that an emergency like the Worcester matter found them quite incapable of prompt and efficient procedure. In most of the hospitals (as is always the tendency in these institutions) the staffs had become so institutionalized that their attitude toward the public was one of secrecy, which weakened the confidence in a service which had been established by the people for the public benefit, and with which they should always be in closest coöperation.

Mr. Hall and I had frequent conferences, beside our meetings with the Board, and we visited many of the institutions together. He had had no previous experience with the State care of mental patients and he thus familiarized himself with the situation. We were both much concerned about the delay of the

report of the investigation at Worcester, and we did everything in our power to expedite it. It was Governor Foss who had ordered the public investigation, and the report should certainly have been made to him while he was still in office. On the eve of his retirement Governor Foss issued to the newspapers a critique of the State hospital management, which voiced his dissatisfaction with the existing methods and hinted strongly at the need of change. The communication was an answer to an invitation of the Massachusetts Hospital Reform Society to speak on the conduct of institutions, and was printed by all the Boston papers, as follows:

Massachusetts has now some 13,000 insane or mentally defective persons in our State asylums. All these patients and the attendants required for their care come under the general supervision of a single State Board.

The work of the Board devised to 1886 and again in 1898 has been vastly augmented, and there is undoubtedly an insufficiency of legal authority on the part of the Board to control the operations of the various State institutions.

Furthermore, the extraordinary growth of these institutions has made it extremely difficult for the trustees of the several institutions to obtain the services of a sufficient number of competent attendants.

Existing conditions, in fact, lead to the employment of many nurses and attendants unsuited for the work, in default of better service.

I am convinced that most of the institutional problems arise from the mutual antagonism of patient and attendant in the insane hospitals; and that the constant fear on the part of the patients, and the frequent display of temper and arbitrary methods on the part of attendants, can both be overcome when a policy is adopted which provides trained attendants for the institutions.

Our system, however, is very different from this. Having been unsuccessful in always securing the right kind of help, superintendents of the institutions have in too many cases employed ignorant and more or less brutal attendants.

Under these circumstances the disturbed patients look upon the attendants as natural enemies, and are violent, and incite violence in return.

It may cost more money, certainly it will cost more at the start, to maintain this better system; and public sentiment must be potent with the Legislature to call forth the necessary appropriations. But such a system offers a

far better chance of curing the mildly insane and would remove the evils that are inseparable from the present system.

I remain still firmly of the conviction that the larger proportion of our State insane hospitals are at present as large as they ought to be and in some instances larger. Moreover, there is greatly needed a more direct personal responsibility for the medical and general administration of each institution.

Also I am satisfied that the present population of our insane hospitals needs a better classification, and that a thorough study should be made of the history and present status of each case. Interpreters should be employed to get into communication with foreign-born patients who do not speak the English language.

Under my recommendations an investigation is now in process looking toward the return to the metropolitan area of the insane patients from this area who are now scattered among the distant hospitals of the State. For this purpose it will be necessary to build new institutions within the metropolitan area. I am convinced that these institutions should be of relatively small size and well distributed throughout the territory served.

Also legislation may well be sought requiring the more frequent admission of the public to the institutions. At present the trustees have a somewhat autocratic power in this respect.

Unfortunately this field is one which strongly tempts the investigator to hasty conclusions. But the public welfare can be served only through careful, systematic and persistent work.

## CHAPTER XI

TWO IMPORTANT MEETINGS HELD AT THE HOME OF MRS. WOOLSEY HOPKINS, 135 MT. VERNON STREET.—THE SUPERINTENDENTS OF THE STATE HOSPITALS INVITE THE STATE BOARD TO LUNCHEON AND TO THEIR MEETING AT THE BOSTON CITY CLUB.—REPORT OF THE MEETING

Much interest had been aroused in the question of State hospital nursing—partly by the publication of the scandals at Worcester. At my suggestion a meeting had been held on December 11 at the house of Mrs. Woolsey Hopkins (later trustee of the Boston State Hospital) to which Governor Foss and the members of the State Board had been invited to confer informally with certain physicians and the more prominent superintendents of nurses in the General as well as State hospitals and others interested, in regard to "problems connected with the State insane institutions." The real spirit of coöperation that prevailed was shown by the fact that this meeting was attended by all the members of the State Board (excepting Judge Mason), by Dr. Richard C. Cabot (who was voted chairman), by Miss Parsons, superintendent of nurses of the Massachusetts General Hospital, Miss Nichols, superintendent of nurses at the City Hospital, and Miss Mary Beard, head of the District Nursing Association, as well as by two prominent leaders of medical-social work, Miss Kate McMahon of the Boston Dispensary and Miss Lucy Wright of the Commission for the Blind. Governor Foss wrote:

THE COMMONWEALTH OF MASSACHUSETTS,  
EXECUTIVE CHAMBER, STATE HOUSE, BOSTON, Dec. 8, 1913.

Mrs. WOOLSEY HOPKINS, 135 Mt. Vernon Street, Boston, Mass.

MY DEAR MADAM:— I have your kind invitation to be present at your house on Thursday, December 11, with members of the State Board of Insanity, for an informal discussion of the problems connected with the State insane institutions.

If I can leave the work of the office at that time I shall be delighted to come.

Very sincerely yours,

E. N. Foss.

But the Governor was prevented from attending. Dr. James J. Putnam had at first accepted the invitation, saying: "I am very glad indeed to hear that the subject is to be taken up, not only as a general need but in a very broad spirit. I shall be only too glad if I can help in any way." Dr. Putnam was prevented by his daughter's serious illness from attending the meeting, but wrote as follows:

JAMES J. PUTNAM, M.D., 104 MARLBOROUGH STREET,  
BACK BAY, BOSTON, December 11, 1913.

Mrs. WOOLSEY HOPKINS, 135 Mt. Vernon Street.

MY DEAR MRS. HOPKINS:— I regret exceedingly that I am positively prevented from attending the meeting with reference to the nursing of patients in public hospitals for the insane, as I had planned, and ask your permission to express in writing the principal sentiment which I feel in regard to this important matter. I presume that it is substantially the same with that of every other neurologist.

Immense and far reaching though the advance has been in the treatment of these patients in our State hospitals, it is not too much to say that the State must assume the responsibility of making possible greater improvements still before it can consider its duty discharged.

Different classes of patients, the sufferers from tuberculosis, from acute infections, and from surgical injuries, for example, have needs of different sorts, and the need which insane patients have of *adequate* nursing is just as worthy of consideration as the need which diphtheria and smallpox patients have of antitoxin and vaccination. It is little enough, at the best, that we can do to ameliorate the lot of this class of sufferers, but what we can do, in



the way of occupation and interests, and particularly in the way of well-trained and well-paid nurses, should be done, no matter what it costs.

Yours very truly,

JAMES J. PUTNAM.

Dr. Walter Fernald wrote Mrs. Hopkins both before and after the meeting, and his letters were full of constructive suggestions, most of which are as valuable today as they were at the time he wrote.

WALTER E. FERNALD, M.D., *Superintendent.*

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED,  
WAVERLEY, December 10, 1913.

Mrs. WOOLSEY HOPKINS, *Mt. Vernon Street, Boston, Mass.*

DEAR MRS. HOPKINS: — Your letter of recent date has been received. As tomorrow is the day of our annual Corporation meeting, and as that meeting may not be over in time for me to get in to the Conference at your house, I want to write a few words to you on the subject of the Conference.

Six years of my early professional life were spent as physician in a hospital for the insane. At that time the nursing service in these hospitals attracted a high class of women nurses. There were no formal training courses and no set examinations, but the medical staff spent a great deal of time in the instruction and development of the individual nurses. Character, temperament, disposition, the altruistic possibilities which lie dormant in every woman's soul, fidelity, loyalty to the patient and to the hospital, — all counted in the evaluation of the nurse.

The conditions of 1887 were possible in a small hospital. The modern large hospital, with its elimination of the placid, comparatively uneducated women who chose mental hospital nursing for a career, as described above, and the modern training school methods of teaching mental nursing, have created an entirely new situation. I have felt that the highly technical training of the modern insane hospital nurse the world over has not evolved what we want. Too much emphasis is placed on anatomy and chemistry and on the didactic part of the course, and too little on the nurse's tact, discretion and power to attract and entertain and to guide and lead the patients away from their obsessions or delusions.

In other words, the course of training resembles too nearly that in general training schools for nursing where a definite technique is the one thing aimed at. The big-hearted, gentle, affectionate, maternal sort of woman who makes the finest nurse for the insane has no place in a training school of this sort.

The course in these training schools is undertaken not to fit nurses for service in that hospital, but with the definite understanding that once her

course is completed the nurse will leave service of the hospital, — indeed, that she will leave the care of the insane and engage in general nursing. There is no hospital that I know of in the world where the trained nurse continues as a nurse in the hospital where she receives her training.

I believe that the nurse ought to be trained in a hospital to be of service to that hospital, and with the idea that ahead of her was a career where comfortable living accommodations, financial returns, etc., should attract as a permanency the services of a high class of women.

What I have said of the female nurse applies in a way to the male nurse for the insane, although the problem of the male nurse is not so simple. It is very unattractive work for men capable of doing that work and the pay is very small. It should be remembered that men in the prison service whose work is not nearly so disagreeable, receive \$1,100 to \$1,200 per annum, whereas the pay of the male nurse of the insane is only a fraction of that amount. The man who does this work well ought to be started at a decent wage and ought to be advanced, as he would be in any other business, until he gets a fair living salary which will enable him to marry and to look forward to that life as his career. It is not easy to get the right class of men for the highest wages now paid in America. My views on the training of the female nurse apply to the training of the male nurse.

I have great respect and sympathy for the physicians who are working with the insane. The question of the care of the insane in our great public hospitals under modern conditions is a most intricate and difficult one, which presents many problems which have not yet been solved. It must be remembered that these hospitals have to fight for every dollar they get, and that no item is more jealously pruned than the one which would call for any addition to the wages of employees or one providing for additional numbers of employees. Hospital superintendents are not to blame for this condition.

I hope the present era of destructive criticism which seems to be prevalent may soon be succeeded by an era of helpful, constructive coöperation.

Very truly yours,

WALTER E. FERNALD,

*Supt.*

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED,

WALTER E. FERNALD, M.D.,

*Superintendent.*

WAVERLEY, December 18, 1913.

Mrs. WOOLSEY HOPKINS, 135 Mt. Vernon Street, Boston, Mass.

DEAR MRS. HOPKINS: — Thank you for your kind letter of December 12th. I was very sorry not to be able to speak to you the other day at the Mental Hygiene meeting. I thank you for the description of the meeting at your house. It is a most hopeful sign and your report is very optimistic in its trend.

I feel very sure that mental nursing must be sharply differentiated from

general nursing. I have tried for 25 years to train general nurses in our service, but inevitably the desirable, quiet, placid routine which has been a highly desirable part of the life of the feeble-minded and the insane under the best conditions becomes intolerable to the general nurse, who usually wants something doing every minute.

No one believes more than I do in the desirability and feasibility of most elaborate therapeutic occupation, physical culture, occupational training, recreational entertainments, etc.

Of course in my letter I did not state that I would extend to the type of nurses I there described training along these lines, such as has always been a very prominent part of our curriculum at Waverley.

The suggestion to have trained nurses in the infirmaries is an excellent one. The patient in the infirmary requires exactly the same sort of care that the typhoid patient in the city hospital needs and he should have the same type of nurses.

I cannot agree with you that the many avenues now open to women would tend to prevent women looking forward to permanent institutional work. On the contrary, I find a very large number of women of the very type we want who are attracted by the rather protected life which the institutions afford.

As you know, we have actually done here as Dr. Cabot suggested, and have rather high salaried special teachers whose main occupation is training our attendants.

I want to assure you of my deep interest in this subject and of my eagerness to be of service in this connection.

Very truly yours,

WALTER E. FERNALD,  
*Supt.*

I am sorry that the notes taken at this meeting cannot now be found, for, although this was merely a preliminary to more formal meetings, all felt that the practical suggestions made by the nurses who attended were most valuable, and we were particularly impressed by their real interest and understanding of our problem. If it were possible more frequently to have these unofficial small conferences between persons of various professions who understand and are specially interested in such problems I feel that the State hospital service would greatly profit. It is difficult to have such frank, informal discussions under the auspices of an official

body, and officials often need outside inspiration and advice to keep their scientific interests awake and to prevent their becoming gradually immersed in officialdom. It is needless to say, also, that the members of the various professions outside the service who have sometimes to do with the care and treatment of mental cases would be reassured of coöperation in their knowledge and belief in the scientific care of their patients if they were taken into the confidence of the men who are sincerely working for the best good of the helpless wards of the State and frequently invited to conferences and meetings. It is to be regretted that the conferences of the Mental Hygiene Societies do not take up these specific subjects with the idea of united action, that the hospitals may have the benefit of their influence in bringing about progressive measures and securing larger appropriations for scientific work from the Legislature.

Dr. Richard C. Cabot was kind enough to give considerable valuable time to these meetings and to committee work in connection with them. He wrote after the first meeting:

RICHARD C. CABOT, M.D., 1 MARLBOROUGH STREET,  
BOSTON, December 19, 1913.

DEAR MRS. HOPKINS: — I was sorry to have to go before the end of the meeting, but I feel that if there is any service that I can render to your body, I can do it quite as well on paper in the way that you suggest, namely, by going over the stenographer's notes and trying to formulate suggestions.

Yours very sincerely,

RICHARD C. CABOT.

Two other conferences were the direct outcome of this preliminary meeting at Mrs. Hopkins's. The first of these, also at her house, was held on January

6, 1914. The following invitation stating the purpose of these meetings was sent to the State Board:

The members of the State Board of Insanity are earnestly requested to be present at the above address on Tuesday, January 6, 1914, for a second informal discussion of the nursing problem in the State hospitals, for the purpose of arousing an intelligent public interest in the work of the Board, and the coöperation of an educated public with the Board in the furtherance of progressive measures for the care of the insane.

DEC. 30, 1913.

HELEN B. HOPKINS.

Besides the members of the State Board leaders of the various religious denominations, of the medical profession, of the Associated Charities, hospital superintendents, superintendents of nurses, educators, social workers and a number of leading public-spirited citizens were invited, and the invitations met with a ready response. Professor Munsterberg wrote:

CAMBRIDGE, MASSACHUSETTS, January 5, 1914.

MY DEAR MRS. HOPKINS:—I thank you much for sending me your personal letter of invitation to the meeting on Thursday afternoon for the discussion of problems connected with nursing in the State hospitals for the insane. As I told Dr. Briggs, I am much interested in these questions. Unfortunately I shall not be able to attend this meeting, as the docket of our Harvard Faculty Meeting, Tuesday at four o'clock, makes it necessary for me to be present at the University. I must therefore beg you to excuse me. My absence is insignificant for the purposes of your committee, inasmuch as I should have been glad to profit myself from hearing the discussions, but should hardly have been able to contribute anything which the other men present would not know just as well and better.

Very sincerely yours,

HUGO MUNSTERBERG.

To Mrs. WOOLSEY HOPKINS,  
135 Mt. Vernon Street, Boston.

Mrs. Hopkins interviewed Archbishop (now Cardinal) O'Connell, who promised his cordial support and sent Monsignor Splaine to represent him at the meeting.



Bishop Lawrence looked at the matter from a practical standpoint. He wrote:

DIocese of MASSACHUSETTS.  
OFFICE OF THE BISHOP, 1 JOY STREET, BOSTON.

P. O. ADDRESS, 122 COMMONWEALTH AVENUE,  
Jan. 6, 1914.

Mrs. WOOLSEY HOPKINS, 135 Mt. Vernon Street, Boston, Mass.

MY DEAR MRS. HOPKINS: — I have your letter and wish very much that I could come to the meeting this afternoon, but unfortunately engagements already made for the afternoon will prevent.

From what little I know of the nurse question in the State Hospitals for the Insane it is pathetic from several points of view, — from that of the patients and also from that of the superintendents. To nurse an insane patient calls for much skill and character. To obtain such nurses with training and character means a very heavy expense. I assume that the question is really whether the State is ready to make the heavy appropriations required. I am speaking from ignorance.

I remain,

Yours sincerely,  
WM. LAWRENCE.

Our newly inaugurated Governor Walsh wrote, sometime after the meeting:

THE COMMONWEALTH OF MASSACHUSETTS,  
EXECUTIVE CHAMBER, STATE HOUSE.

BOSTON, January 15, 1914.

Mrs. HELEN B. HOPKINS, 135 Mt. Vernon Street, Boston, Mass.

DEAR MADAM: — I regret very much that I was unable to accept the very cordial invitation which you extended to me recently to meet several persons gathered at your home to discuss the nursing problem in the State Hospitals for the Insane.

Your letter came at the time when I was exceedingly busy preparing for my inauguration and I was unable to accept the same.

Assuring you of my interest in your efforts to promote the efficiency of our State hospitals and of my purpose to heartily coöperate in any movement of this kind, I am

Sincerely yours,  
DAVID I. WALSH.

My good friend Dr. Bowditch wrote:

DEAR MRS. HOPKINS: — I regret greatly that I cannot be present at the meeting tomorrow, about which Dr. Briggs told me, but I must be at Sharon tomorrow afternoon, not returning before 4 P.M.

The meeting has my hearty sympathy, although I am unable to take an active part in it.

Thanking you for your note and regretting that I cannot be with you, I am

Very sincerely yours,

VINCENT Y. BOWDITCH.

506 BEACON STREET.

Jan. 5th.

The Rev. Dr. Samuel McComb, then assistant at Emmanuel Church, now (1928) in charge of the American Church at Nice, France, replied to Mrs. Hopkins's invitation as follows:

EMMANUEL CHURCH, 15 NEWBURY STREET, BOSTON.

DEAR MRS. HOPKINS: — I regret very much that owing to pressure of engagements I cannot be at your meeting tomorrow. Its aim has my utmost sympathy. It is high time that our State Hospitals for the Insane should be brought into accordance with modern scientific methods.

I am,

Yours faithfully

SAMUEL McCOMB.

Of the Board, Judge Mason and Dr. O'Meara were absent; the latter wrote expressing his regrets at being unable to attend. I have brief minutes of this meeting as follows:

NOTES TAKEN AT A MEETING AT THE HOUSE OF MRS. WOOLSEY HOPKINS,  
135 MT. VERNON STREET, BOSTON, JANUARY 6.

*Dr. Eliot, President Emeritus of Harvard College, presided.*

A discussion was opened by Dr. Richard Cabot, who read the records of the preceding meeting; also a digest of what was said. This was followed by questions and discussion by Dr. Eliot, who asked if the State institutions need more equipment in bringing about more muscular work.

Dr. Alexander Mann, rector of Trinity Church, took the chair after Dr. Eliot had vacated it to keep an engagement.

There were present, among others, Drs. Charles P. and J. J. Putnam; Dr. George Clark, trustee at Medfield; Monsignor Splaine, representing the Cardinal; Mrs. Barrett Wendell, Mrs. William Tudor, Mrs. L. V. Briggs; Miss Parsons, superintendent of nurses at the Massachusetts General Hospital; Miss Nichols, superintendent of nurses at the Boston City Hospital; Mrs. Julius Andrews, the President of a Federation of Women's Clubs; Mr. Whittemore, Mr. Hall and Dr. Briggs of the State Board of Insanity; Dr. Flood, superintendent at Monson; Dr. Wallace, superintendent at Wrentham; Dr. Frost, superintendent of the Boston State Hospital; Dr. Emerson, medical director at Bridgewater; Miss Amy Cabot; Mr. Ellery Sedgwick, editor of "The Atlantic;" Miss Rose Lamb, Dr. Delia Howe, and a number of others.

Dr. Eliot asked the Board members if the people there assembled who were interested in the insane could help in moulding public opinion. He asked if there were visitors to the hospital, such as a medical director, whose business it was not to investigate special complaints or look into special questions which had arisen from temporary conditions, but rather a man whose business it was to see that all hospitals were provided with the same kind of food and service, and who would discover defects and shortcomings before they came to the notice of the Board through other channels. He said he believed that such a man would be invaluable. He said that the present State Board did not have power enough or eyes enough, mainly because of the limited time at its command. He further said: "We are all agreed as to the need of improvement in the nursing. The nursing problem and the employment of the present class of attendants are the causes of much inefficient work." He started the discussion with a very interesting and valuable address.

Dr. George Clark, trustee of the Medfield State Hospital, spoke of the impossibility for the members of the Board to get information as to details of construction and of plans first hand from their own engineers or representatives.

Mr. Whittemore spoke of the present system as being an improvement, and felt that the old system of caring for the insane was fast going. In answer to Dr. Mann in relation to a larger meeting, he said: "Yes, a much larger meeting, urging more superintendents to be present and give a report on the nursing problem they have spoken of today." He felt that a larger meeting would be a good thing.

Dr. Eliot laid considerable stress on the question of the need of money for the institutions, and asked if it would be better to work for the increased appropriations by the public who are interested, taking the question to the Legislature directly after it had been decided what moneys were needed.

Dr. Flood stated that he and Dr. Wallace both started as attendants, and he thought that the poor and undesirable attendants were the exception rather than the rule, and that the hospitals suffered from the exceptions. Dr. Flood stated that the *per capita cost was too small for proper hospital treatment; that until within a very short time the superintendents had foremost in their thoughts the per capita cost rather than anything else.*

Dr. Frost said the difficulty in getting a sufficient number of desirable

nurses and attendants was due to inherent causes, such as the unattractiveness of the work. He believed in giving a creditable training to a small number so hospitals could turn out a considerable number of very good general and special nurses, especially in occupational work. He felt that the superintendents would be glad to coöperate with the public who understood their needs and what was being done, but he did not believe that the public did understand or had any conception of the industrial work now done in the hospitals.

Dr. Eliot replied that that was just one of the reasons for such meetings as this, to educate the public as to what was being done, and for the public to ascertain what further development was desired.

Dr. J. J. Putnam said he would be willing to confer and give names, or speak or back up any work before the Legislature that seemed desirable.

Dr. Briggs spoke of the needs of the Board, saying that in summarizing what they desired to have during the coming year, they would probably in their report to the Governor and Legislature recommend as follows:

1. *The rapid development of the Boston State Hospital.*
2. *The establishment of a new hospital in the metropolitan district.*
3. *The establishment of a colony for insane in Berkshire County.*
4. *The establishment of a new school for the feeble-minded.*
5. *The need of a larger number of better qualified nurses and attendants.*
6. *Further development of social service and eugenics work and the further development of occupational work.*

He also stated that if the public at such meetings as this would learn what was being done and what the Board meant by further development, and the progressive measures they recommended, it would be a most valuable backing before the Legislature and other parts of the community.

Monsignor Splaine stated that he brought the Cardinal's greetings; he had been interested in progressive measures for the insane before, when Dr. Briggs obtained legislation which meant so much to the insane. The Cardinal desired to state that any action of this body of ladies and gentlemen would have his hearty support and coöperation.

Dr. Mann further reported the fact that the meeting was for the purpose of backing up and helping the superintendents and the Board in any progressive measures which they put forth where they needed help, and it was not a gathering of people for criticism or for anything but constructive work.

Dr. Briggs stated that he hoped the superintendents would realize that there was a large and sympathizing public who desired to stand back of them in their progressive work. *He hoped that they would take the public into their confidence by consulting with them, even on matters where it seemed the public could not assist them very much; that if they would take them into their confidence, consulting with them and encouraging such meetings and coöperation as this today, they would soon find that the critical public and the public that was only looking for sensationalism would be but a small part of the community.*

A committee was appointed to call a further meeting of those interested

and arrange for speakers. This committee consisted of Dr. Eliot, Rev. Alexander Mann, Monsignor Splaine, representing the Archbishop, Dr. Richard Cabot, Dr. L. V. Briggs and Dr. Frost, with power to add to its numbers.

The meeting at Mrs. Hopkins's had been preceded on the same day by a meeting of the State hospital superintendents, where the question of nursing was also under discussion. To show the appreciation of the superintendents of the efforts of our Board in behalf of our hospitals, and the new spirit of coöperation which was developing, I quote the following letter of invitation to this meeting; I was told that it is *the first time the superintendents invited the State Board's participation at their meetings*:

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED,  
WAVERLEY, Jan. 9, 1914.

Dr. L. VERNON BRIGGS, *Boston, Mass.*

DEAR DR. BRIGGS:—The superintendents have been in the habit of meeting occasionally for luncheon and the discussion of practical institution problems. The next meeting will be held at the Boston City Club, on Tuesday, January 6, at 12 o'clock. The men would much appreciate the opportunity to have the State Board participate in this discussion, and you are cordially invited to attend the meeting on Tuesday next.

Very truly yours,

WALTER E. FERNALD,  
*Secretary.*

The extracts from the minutes and the report of the superintendents' committee speak for themselves.

At a conference of superintendents, January 6, 1914, at the Boston City Club, to which the State Board was invited, the nursing problem was discussed and a report read by the chairman of a committee appointed by the superintendents to look into the nursing problem.

This committee was composed of Dr. Frost, chair-



man, Dr. Goss and Dr. Houston. A copy of the report is attached hereto.

### COMMONWEALTH OF MASSACHUSETTS

#### INSTITUTIONS UNDER THE SUPERVISION OF THE STATE BOARD OF INSANITY

##### Report of Superintendents' Committee on Nursing Service

GENTLEMEN: — Your committee, to which was assigned the duty of considering the needs of the nursing service, has not undertaken to gauge the *quality* of the service in our institutions, believing that not to be within its province, but has given attention to certain difficulties familiar to us all.

Two difficulties are experienced by all of the institutions, — in some of them to a serious extent, in others giving rise merely to occasional embarrassment. These difficulties are concerned with (1) getting a sufficient number of properly qualified persons as attendants and nurses, and (2) keeping them, when obtained, for reasonably long periods of service. In consequence there results too often not only a shortage in the nursing force but an unduly large proportion of inexperienced members in it. Obviously it is the task of this committee to formulate, from the opinions of those consulted as well as from their own experience, the causes of these troubles, and to indicate possible remedies.

The principal causes as they appear to us may be stated as follows:

1. Inherent difficulties due to the *nature of the work*. Under the most favorable conditions the care and nursing of the insane is among the most trying and difficult avocations open to selection. It is necessarily confining and monotonous, and in many of its features disagreeable and even dangerous.

2. The demand for nurses in hospitals for the insane, in general hospitals, and in the community at large exceeds the supply, and naturally the last resort of the applicant seeking a nursing career is to the class of hospitals offering the most arduous and least attractive kind of nursing. It is only the very best and most widely known general hospitals, with exceptional facilities for giving the best possible training, that do not have difficulty in getting enough nurses.

3. So far as the women nurses are concerned it would appear that the really good opportunities for training in an important and dignified department of nursing, the care of mental cases, together with the creditable training in general nursing offered by the institution training schools, is not sufficiently known; from which it results that too small a number of high-grade nurses enter their profession through this portal, although in many instances it would lead most directly to the field in which they would find their highest usefulness and satisfaction.

4. The supply of nursing material is, to a large extent, regulated by prevailing *industrial and business conditions*. This is especially true as regards the men. Nursing is not naturally a man's work; it makes no appeal to him; it offers no satisfying career. If undertaken by him it is almost invariably

after disappointing experiences in other fields, or else as a merely temporary expedient. And this is not to be wondered at, since for a man possessing the qualifications requisite in a nurse there are innumerable opportunities for a more active, more agreeable and more remunerative employment.

5. Causes contributing to too short duration of institution service are, some of them, dependent upon the difficulties above mentioned, which lead to shortage of help, entailing more work and more difficulty in caring for the patients, and in some cases longer hours of duty; or else result in an unstable and shifting service in which a considerable proportion of the personnel is of poor quality and untrained. This makes a discouraging situation for the more capable element, who might be content to stay longer if conditions were different. Still other causes are independent of those so far considered and are not so fundamental in origin. These should constitute the less difficult part of our problem, as concrete remedies may be suggested for them.

6. The beginning compensation, while in most cases considered adequate for the women, who as a rule expect to derive ultimate benefit from their training, is too small to attract in sufficient number the desirable type of men.

7. There is too little opportunity for advancement to relatively independent and responsible positions, and the salaries paid both men and women in the higher grades of the service are insufficient both in prospect and in realization. The living conditions, necessarily institutional, are irksome, especially after the period of training has been passed.

8. Now that our troubles have been set forth, at least some of them, a discussion of possible ways to overcome them is in order. Attacking the fundamental difficulties first. Are any means available to make the work of caring for our patients easier, more attractive, more inspiring to those engaged in it? We believe there are ways to do this and that some good may follow their suggestion to this conference, while recognizing that nothing herewith presented is in any sense new. Haply, however, their joint discussion may stimulate renewal of effort and more general application of such of these measures as meet approval.

(1) *Classification of the patients*, very carefully carried out, simplifies the work immensely. As far as possible the nurses in any ward should have definite responsibilities and duties formulated to fit a certain type of patient, and their established order should not be upset by the introduction of alien types. They can get their experience in the various kinds of service by rotation during the training period. It should be kept in mind always that to the attendant in charge the ward problems are just as big as to us are the questions involving the whole institution.

Establish some definite end to be striven for in each group, even the most demented, and select for the care of the group the persons best fitted for that particular task. Enlist their interest and gain their coöperation by showing your own genuine and acute interest in just that thing, by full and frank discussion of it in all its phases and by generous recognition of even feeble efforts at its accomplishment. Keep the patient and the patient's interests always in the foreground, the attendant or nurse next, and the furniture and

the floor in third place. Time is well spent that is spent in making the attendant understand that you know intimately all his difficulties in dealing with the work in hand, that it is your work as well as his, and that you are working with him to carry it through.

Proper classification of patients permits concentration of the nursing force, both as to quality and numbers, in the wards where the duties are most exacting and difficult, thereby insuring better care of the patients and easier conditions for the nurses.

(2) *Systematic training of nurses and attendants* is recommended, with careful individualization according to capacity and interests.

(3) Exemplification of the principle of *treatment* for all under care and not alone for the acute cases and the physically sick is all-important. If all the activities of the institution can be definitely established on the basis of treatment, and this be made sufficiently clear to the nursing staff, they *must* take more interest in their work than if regarding it as aimless routine.

By thus demonstrating and emphasizing the value and dignity of the attendant's work it should be possible to get in all departments of the nursing service the same enthusiasm and devotion to duty which characterize the best type of our nurses, and when this is done we *have* changed for those engaged in it the very nature of the work.

(4) Many more of the best type of nurses might be attracted to our training schools if the medical profession, the general hospitals and the public at large were better informed regarding their actual status; and their status would be improved by closer affiliation than now exists between the institution schools and those of the best general hospitals. We should make it understood by physicians and nurses that a supplementary course of training in a hospital for the insane is just as beneficial — in fact as necessary — for the graduate of a general hospital school as is a corresponding course in a general hospital for our nurses. Another affiliation suggested as mutually beneficial if it can be arranged would be with an institution like the Psychopathic Hospital, where intensive and specialized medical activities promise to develop a high type of "constructive nursing" for mental cases.

(5) The establishment in general hospitals throughout the Commonwealth of wards or services for the treatment of mental cases would direct the attention of physicians and nurses to our nursing field, and for this added reason, as for others, the movement for psychopathic wards in general hospitals should receive our hearty support.

(6) The more extensive introduction of women nurses into the wards for male patients is a measure to be strongly urged. Not only does it insure for the patients served by women nurses, particularly for the sick and infirm, *gentler and more skilled attention*, it lessens the difficulties entailed by the *scarcity* of male nurses and so helps to solve at the same time two difficult problems for us.

Coming now to *material conditions* in our nursing services. Will a change in certain particulars make the nursing personnel more comfortable, more contented, and hence more efficient? Your committee believes that the

following measures, some of which are in operation pretty generally, should be given their widest possible application:

1. *A ten-hour working day, with the least possible splitting of the tour of duty.*
  2. *Inclusion of training school lectures and other class work in the working time.*
  3. *Separate dining rooms for the nursing staff, with definite time allowed for meals.*
  4. *Improvement in the dietary — especially in the attention given to the preparation and service of the food.*
  5. *Comfortable and pleasant living quarters apart from the wards.*
  6. *Adequate living accommodations for married attendants (both in service), and family quarters for desirable men who could be retained if enabled to enjoy actual home life.*
  7. *Greater freedom than is now allowed generally after working hours — perhaps only after the training period is passed.*
- And to reiterate, higher initial pay for men and decided increase of compensation in the higher grades for both sexes.*

In conclusion and to summarize: It is our belief, as already indicated, that our nursing services are suffering in varying degrees from certain conditions, some of which are wholly, some partially, and some not at all within our power to correct. We must look to ourselves, through our organizations and methods of training, to get the best possible service out of the material available; the trustees and the Legislature must coöperate to obtain improvement in material conditions, including salaries and living quarters; and finally, by getting into closer touch with allied interests in the medical and nursing professions we must seek constantly to broaden and elevate our nursing status.

Signed: J. A. HOUSTON,  
A. V. GOSS,  
H. P. FROST,  
Committee.

At a meeting of the superintendents held January 6 it was

*Voted* — To accept the report of the Committee on the Nursing Service and to refer it to the State Board of Insanity for their consideration, with the suggestion that if it meets with their approval it be submitted to the Ways and Means Committee or to such other committee as seems to be indicated.

Also to refer the report to the Boards of Trustees of the several institutions for their consideration.

The discussion following was most interesting and was participated in by the following superintendents:

Dr. Fernald said: "The service for the nurses should be made more attractive. The supply is not enough to come simply for the training. We must make it more attractive and give them a higher training."



Dr. Stick said: "There is a law that liquor shall not be brought on the premises, but there is no penalty unless it is proved that it is given to the patients."

Dr. Southard said: "I think the demand for psychopathic nurses is now considerable and will be much greater. We are now doing vigilance nursing, not instructive nursing. We cannot get good hospital nurses until we give them more to do—less money and more training, and also better food." He said he was cutting down the wages and giving much better food with success. He thinks we could get better lecturers and more interest manifested in the lectures if we gave a few dollars for each lecture. He believes that in some way we must make our training schools much more attractive than they are at present.

Dr. Scribner said: "The service must be made more attractive, with higher compensation, more social opportunities, possibly a central training school to draw from."

Dr. Emerson thought that more pay would be the most successful solution.

Dr. Kline said he believed that more comfortable quarters were needed, especially since women were introduced on the boards,—and more money. He now has his nurses working twelve hours a day, six days in the week,—seventy-two hours a week.

Dr. Spalding found more trouble in getting women than men, and gave a long account of a club house in the hospital at Norwich, Conn., where the men were allowed to buy soft drinks and refreshments and had games, reading matter, etc., like any club. He thought that these club houses, with music, games, entertainments, etc., would help solve the problem here.

Dr. French said he has a casino, with a piano, dancing, magazines, etc., but he still has a shortage of nurses and has not found the casino a success. He said they did not patronize it as much as he had hoped. It did not seem to be an added attraction, especially, and many of the magazines were stolen. He also said he had trouble with married attendants; either one or the other sooner or later became dissatisfied and then both would go. They have built cottages, but two years was about the extent of their stay in the cottages.

Dr. Goss said he thought the scarcity of nurses was due to the fact that people did not want to take up the work. He said all of his women went to the city hospital. They have been going at the rate of four every three months. They have there 100 lectures and demonstrations as compared, according to Dr. O'Meara, with 800 a year at the Worcester City Hospital.

Dr. Wallace believed in more wages but did not believe in class distinction. He thought they ought to receive about the same food and be educated about the same.

Dr. LaMoure said he did not need so much the trained type of nurse at his colony as an intelligent teaching class. His cottages for married people were a success, he said. As to food, he gave the same diet to the nurses as the physicians had.



## CHAPTER XII

LETTER TO JUDGE MASON AND LETTER FROM MR. HALL URGING THAT THE BOARD'S FINDINGS BE GIVEN TO THE PUBLIC.—REPORT FINALLY MADE  
JANUARY 30, 1914

And still the report of the Worcester hearing was not made!

That such a public hearing should have been held by our Board and nothing further said upon the subject seemed to me and to some of the other members most deplorable from every point of view. The matter lay in Judge Mason's hands as he had conducted the hearing as our legal representative. I personally and officially had brought pressure to bear upon him to clear the matter up so far as lay in our power. Finally I wrote him the following letter, being my second written request:

BOSTON, MASS., January 6, 1914.

Hon. Judge JOHN H. MASON, *Member State Board of Insanity, Northampton, Mass.*

MY DEAR JUDGE MASON:—I meant to have asked you at our last meeting if you received my letter urging an immediate report on the Worcester hearing. I wish to state why I spoke so ardently at our last meeting. I feel we should make some report immediately on the facts that we all know from the evidence or testimony that we who were present heard, especially of conditions which needed correction at once, including, I should say, changes in some department heads.

As a Board we have not been able yet to properly discuss all details, but for all we know the same conditions exist now as existed seven weeks ago, and don't you think we are personally responsible if we do not take more immediate action? One of the conditions being created by our delay is a feeling of unrest among the superintendents. I feel that we are not protecting the patients at Worcester or in other hospitals so long as we delay our report.

I fully appreciate your busy life and the many duties you are called upon to discharge, but after all is this not a paramount duty we owe to the 17,000 helpless patients under our care, as well as to the State; and ought we not to

sacrifice our private and financial interests in bringing about an immediate protection to these people? I know it would have been easier for you if you had heard all the testimony, but the members of the Board will help you, I am sure.

The situation is getting acute, and I do not feel, with you, that the public will forget, but feel that injury will result from delay.

I hope that if you will take all of your time between now and Friday, you will be able to present to us your report, or digest, of the testimony, and that we will not have to adjourn before we have come to some conclusion.

I also feel that we as a Board should give two days a week to our work. I do not like to visit hospitals and make reports alone and on my own initiative as I have been doing, and I feel that the Board should visit all hospitals under its supervision at least once a year, and by agent much oftener.

Sincerely yours,

L. VERNON BRIGGS.

There had been much newspaper agitation for a public investigation of all the State hospitals, but our experiences at Worcester had led us to question the desirability of further public hearings unless we were given more power to correct the evils which we discovered, for we were still merely an advisory body. Some of us continued officially to visit all the hospitals, especially those of which complaints had been made, and to do what we could to improve conditions similar to those at Worcester, which existed in several of the other State hospitals to a greater or a less degree. Mr. Hall was as troubled as I was at the delay in the report of the Worcester investigation. The following is from one of the last letters which he wrote me on the subject, on January 10, 1914:

DEAR DR. BRIGGS: — I believe I express your feelings when I say I am unwilling to wait longer for Judge Mason's report on the Worcester hearing. I do not think this is proper regard for the interests of the Commonwealth, or proper respect for his associates; and the indifference which he indicates both towards the State and the other members of the Board are such that I am not willing to bear it longer in silence. If you are willing to join me in making a report to be presented to the Board next week, I shall be very glad.

It seems as if there were more matters than ever for us to confer about, and the more I see of the work of the Board, the more I am convinced that we must have some radical changes in the way of handling the business of the Board, and I think that we should at once see the Governor, with reference to asking for larger powers for our Board, for the best results to the Commonwealth.

As always, very truly yours,

JAMES M. W. HALL.

On January 18, 1914, another public scandal developed, this time in the Grafton Colony. The body of a patient reported to have died of paresis was found to be covered with bruises, which, inquiry proved, could not have been accidental. Indications pointed to serious abuses by attendants, if not to foul play; but it was impossible to get at the truth in the matter. Many similar cases were reported in our hospitals, but almost invariably it was found impossible to place the direct responsibility. The only witnesses of such abuses, when they existed, were attendants more or less interested in suppressing the truth, or patients whose statements were not considered reliable or who had been so cowed that they would not speak at all. It is a reflection upon the management of our hospitals that superintendents should so often have been obliged to have recourse to the police to punish so-called "nurses" for cruel abuses, rather than maintain in their institutions such discipline and supervision that these things could not occur.

Finally, the report of the Worcester hearings was brought out on January 30, 1914, a copy of which was forwarded to me at my request by Dr. Thompson on February 3. This report seemed very weak. I had done my best to have the Board strengthen it, but I met with little coöperation except from Mr. Hall.

REPORT OF STATE BOARD OF INSANITY ON INVESTIGATION  
AT WORCESTER STATE HOSPITAL

JANUARY 30, 1914.

On October 20, 1913, the State Board of Insanity received a petition signed by forty-six nurses employed at the Worcester State Hospital stating at considerable length four grounds of complaint, as follows:

1. Long hours of employment.
2. Lack of sufficient help, resulting in the lack of proper attention to patients, and inefficiency.
3. Unusually poor food.
4. Inhuman and outrageous conduct on the part of the authorities in charge towards the attendants.

On October 20, the chairman and executive officer of the Board conducted a preliminary investigation. They made an oral report to the Board at its meeting on October 24, and the Board thereupon decided to meet at Worcester, October 28, to consider the matter of said petition.

At the request of the petitioners and the hospital authorities, and upon the recommendation of the Governor, it was decided that the hearing should be public. Public hearings were had October 28, 29, 30 and 31, and November 3, 5, 6, 7, 12, 19 and 20. The hearings were extended to cover much more than the matters complained of in the petition, and many matters relating to the general administration of the hospital were considered.

Before the hearing began a counter statement was filed expressing satisfaction with conditions at the hospital. This was signed by thirty-eight nurses, including sixteen of those who signed the first petition.

### 1. Long Hours of Employment

The aim of the superintendent is to require the service of sixty hours per week, with one whole day off in seven. It is not always possible to carry out this plan, but whenever a nurse is called upon to work overtime that time is made up to her. If a nurse leaving the service has not had such overtime made up to her, she is paid for that time.

There was some complaint by individuals that they had been called on at times to work as much as fourteen hours a day, and that the hours of service were irregular. While such instances have undoubtedly occurred, it must be remembered that the demands of the service and the number of the nurses vary more or less from time to time, and it does not seem that there has been any such general departure from the plan outlined by the superintendent as to furnish just ground for a complaint to this Board.

### 2. Lack of Sufficient Help, resulting in the Lack of Proper Attention to Patients, and Inefficiency

The number of nurses employed varies from time to time. The usual number employed is approximately one nurse to every seven patients. This

is substantially the number employed at the other State hospitals for the insane. This, of course, does not mean that seven is the maximum number of patients in charge of a single nurse, for each nurse is only on duty sixty hours out of one hundred and sixty-eight, and some classes of patients require much more attention than others. Instances were reported where a nurse had been left alone in charge of as many as forty-six patients on the violent ward. This would seem to be an excessive number, and not to be permitted even during a single meal hour, if it could be avoided. On the whole, we are satisfied that this proportion of nurses to patients is inadequate to care for the patients in the way demanded by modern nursing methods. The responsibility, however, is not altogether upon the hospital authorities, but is largely upon those who make the appropriation for maintenance.

The hearing developed the fact that extraordinary effort was made to secure nurses. Miss Ida A. McNeil, Superintendent of Nurses, testified that she usually gives one day a week to visiting employment offices; that she has gone to several offices in Boston; that she has advertised in a great many New England papers, also in Canadian papers; that she takes all, or a great many, letters that are sent to one employment office in Boston, and that she advertises through the "Boston Post," "Globe" and "American." With all these efforts she was not able to keep the nursing force full, and that at the time of the hearing the force was six or seven short.

Owing to the undesirability of the work and to caste feeling, it is practically impossible to secure nurses enough, without lowering the standard (which is already too low) or very materially increasing the wages paid.

Some instances of violence to patients were attributed to the lack of nurses. They seem to us, however, to relate more to the skill and discretion of the nurses than to their number, and they will be considered later.

### 3. Unusually Poor Food

The complaints as to food were many and various. Some complained simply in general terms that the food was "very poor," "not fit to eat," etc. Some said that the quality was poor; some said that the cooking was poor; some said that the service was poor; others complained of particular articles on the bill of fare.

It seems to us a fair conclusion from the whole evidence that good plain, wholesome food is purchased; that it is cooked in the way usual in such institutions, and suffers the impairment usual when food is cooked in large quantities; that the food is abundant, but that the bill of fare at each meal gives little choice to such as happen to be prejudiced against some particular article of food in common use. The number of small dining rooms at a distance from the kitchen makes it difficult to serve the food well.

There was quite general complaint that the meals served to those on duty at night were frequently cold. It would seem that with greater care there might be an improvement in this respect.



#### 4. Inhuman and Outrageous Conduct on the Part of the Authorities in Charge towards the Attendants

It is probable that the sensational language of this charge is due to the fact that the most active of the petitioners, Bessie Lukanoff, is an immigrant from Russia and unfamiliar with the niceties of the English language. Apparently it was intended to cover instances where nurses were exposed to violence from patients. There was testimony as to a number of instances where violent patients had attacked nurses, torn their clothing, and inflicted more or less serious injury. It does not appear what precaution the hospital authorities could have taken to prevent such occurrences entirely, although the consequences of such attacks might have been less serious if a greater number of nurses had been present. It does not appear that such instances were so frequent as to indicate carelessness or indifference to such occurrences on the part of the superintendent or his assistants.

#### 5. Care of Patients

In addition to the foregoing matters directly involved in the petition and relating to complaints of nurses, we investigated several much more important matters, chief of which was the care and treatment given to patients.

In only one instance was there evidence of violence toward a patient for the sake of satisfying a grudge. That was the case of Sarantes Xides, who in resisting an attendant had broken the latter's glasses, whereupon the attendant attacked Xides, striking and kicking him. This attendant is no longer at the hospital.

It was, however, too common to meet resistance by patients with force, which was not always limited to what could be called reasonable. It appeared that, unknown to the superintendent and his assistants, it had become quite common, especially on the women's wards, to resort to a method of control known as "sheeting." This was done by a nurse going behind the patient, putting a sheet over the patient's head, and twisting the ends of the sheet together at the back of the patient's neck. This was particularly effective in cases of patients who were biting nurses or spitting upon them. This method is liable to abuse, and nurses are liable to twist the ends of the sheet with sufficient force to inflict unnecessary pain, if not permanent injury. As soon as the practice was brought to the attention of the superintendent it was strictly forbidden, but it reflects seriously upon the management that a practice so general as this was unknown to any member of the staff until the fact was brought out in a public hearing.

A nurse, Mary E. Roache, testified that she had seen nurses beat patients, and accused three nurses of such conduct. She said: "Three of us dragged a patient on the floor one day when she was uncontrollable. Had to throw her down and sheet her." She also testified to her own use of force on violent patients, and advanced the theory that "you must show a patient that you can conquer her." She said that nurses do not "squeal" on each other. She also said that blankets had been taken off patients' beds for use in giving wet

packs. She does not report night seclusion to the charge nurse. She told of failure to take many of the patients out for a walk; she, however, could give names of only two such patients. Her testimony seems to demonstrate her unfitness to remain in the service of the hospital. Similar testimony was given by Bessie Lukanoff, who has left the hospital since the hearing began. She testified that two patients, Catherine Brennan and Anna Haley, were locked out on the piazza and got to fighting, and that Catherine Brennan hit Anna Haley in the forehead with a shoe. She testified to her own use of considerable force on Mrs. Cowdrey, a patient who was destroying beds and disturbing other patients. She also accused Miss Roache of cruelty to Mrs. Albertina Morrissey. This patient grabbed Miss Roache by the hair and the nurse beat her in the stomach with her fist. She also testified that a patient named Catherine Alexakos, who would not keep her clothes on, had been dragged, naked in a sheet, from one ward to another by three nurses, for the purpose of giving her a pack.

Bessie McDonald testified that she had herself abused Minnie Fairbanks. Pearl La Bree testified that she had seen "brutalities," and says that on the violent wards brutalities are of daily occurrence. "It is necessary to handle a patient with force."

Idabelle M. Kenney says she herself dragged a patient from Woodward 3 to Washburn 3. Patient was lying on floor and Miss Kenney had her by the arms and dragged her. She admits that she had to knock an old lady down, and had to put one knee on one arm and one on her chest while taking her clothes off. She says she was alone and did not call for help, and did not injure the patient.

Alma Foster testified that there was a sick patient on Folsom 1, Hattie Simpson, who did not get any medicine; but the pharmacist testified from his records that Hattie Simpson on June 5 received medicine, refilled daily, until September 7.

Max Frankel (no longer connected with the hospital) says twisting the arm behind the back as far as you can is a very common method of subduing patients. He also testified that two patients, Joseph Foster and Herbert Chapman, "giants," were allowed to fight each other without any attempt on the part of the attendants to stop them.

One attendant named Edwards struck a patient, John Hart, over the head with a broom twice. Edwards was arrested, and was sentenced to six months in the House of Correction.

One Elmira Smith was pushed over by a nurse, and the nurse was immediately discharged.

One Champigny, a patient, received injuries resulting in two black eyes, broken ribs and abrasions all over his body. Attendants refused to testify against each other, and as there was not enough evidence to justify a prosecution, the only punishment was the discharge of the attendant.

Idabelle M. Kenney says she was changing beds on Woodward 1 one day and found patient, Ellen Doherty, with a sore on her back which had stuck to the sheet; apparently had not been dressed. But Dr. Orcutt testified that

he did lumbar puncture on Ellen Doherty and took blood out of arm for Wassermann test; he saw nothing to indicate that her back was stuck to sheet.

Miss Kenney says that on one occasion Mary Walthers was taken out of continuous bath and Johannah Foley was put in without change of water.

A patient, Narcisse Giroux, was injured during the night so that there were discolorations on side and towards the back. The police were called in but could find no evidence sufficient even to justify the discharge of the attendant.

Miss Lukanoff says that Anna Haley was beaten by everybody, especially nurse McFarland. Anna Haley was evidently a very troublesome patient. Miss Milligan testified that it required five nurses to pack Anna Haley.

Max Frankel testified that Matty Kinnunen was tied to his bed for over two weeks, and at the end of this period he was covered with bed sores. Other evidence showed clearly that this patient jumped through a heavy glass door, and cut himself severely. He was attended by an outside physician, Dr. Howard W. Beal, who, with the assistance of one of the house doctors, cleaned and sewed the wounds. Dr. Beal testified that the wounds would not have healed if he had not been restrained so that he could not tear his bandages off. Only sufficient restraint was exercised to prevent him from injuring himself further. Dr. Beal saw the patient two or three weeks later, and he had no bed sores whatever. Frankel's statements in this matter go far to discredit his whole testimony.

Joseph Lenz was attended by Dr. McIver for "a slight lacerated wound on chin, resulting from a fall when being put forcibly to bed." Later he was found to be suffering from fractured ribs. Dr. Whitney claimed that Lenz received his injuries through his own restlessness. This was the result of investigation made at the time when the injuries were discovered. Max Frankel testified to two serious assaults by Lenz on attendants, and drew the inference that the attendants had "done him up."

Emma L. McLaughlin, when her sister called to see her, had her arms and legs bandaged. It appeared that she was sunburned while on the roof.

Max Frankel said "all the attendants abuse Timothy O'Leary." There was nothing to corroborate this testimony or to make it more definite.

Rose Pontbriand, a violently resisting patient, was dragged by the feet three or four feet, her head and body dragging on the floor.

Miss Lukanoff testified that patient, Sarah Price, cut her throat and when she was fed the food came through the cut; that there was no creolin for dressings; and that Dr. Orcutt applied dry sponges. This seems incredible and was denied by another nurse and by Dr. Orcutt. It appeared that the attempt at suicide was just previous to her admission to the hospital.

Max Frankel testified that Saturday night, two or three weeks before his testimony, Samson Sedar, patient, was beaten by Bill Lewis, colored patient. He said Bill Lewis is right-hand man of attendants when there is any trimming to be done. This was disputed, and it appeared that Sedar sometimes bruised his face from falling in an epileptic fit.

Mary E. Roache accused nurse Hickey of beating and bruising patient, Melvina Smith.

Patient Norah Sullivan went for considerable periods without food, because she would not come out for her tray. Sometimes one of the nurses brought the tray to her and sometimes she refused what was brought to her.

Max Frankel charged that patient, Charles Vogel, went without food for two days and a half. The possibility of this was denied by other attendants who testified that they personally fed this patient, who had to be persuaded to eat as he had delusions about his food.

There was considerable said about assaults on one Abbie Worthley, in giving her baths and packs. She resisted treatment violently, pulling hair and spitting in the nurses' faces. One nurse, a Mrs. Gregory, was discharged for her conduct with reference to this patient.

In this part of our report we have followed the method of giving fully each instance of alleged abuse. Nearly all these instances of abuse are charges against nurses or attendants who left the service of the hospital before the hearing, or are confessions of their own misconduct by nurses who join in this complaint to us, about abuses of which they themselves have been guilty. This applies particularly to Bessie Lukanoff, Mary E. Roache, Mary B. Reade, Bessie McDonald, Pearl La Bree, Alma Foster and Idabelle M. Kenney.

The wards where most of the trouble arose were in the especial charge of Dr. Schorer. By reason of illness she was unable to be present at the hearing, and we may therefore be doing her an injustice; but it is difficult to see how all the practices testified to could have escaped her attention, and, if they came to her attention, they should have been stopped or reported to the superintendent. The superintendent of nurses also should have been more familiar with what was being done on the wards. The immediate responsibility is upon her to set a standard and to see that the nurses conform to it.

It is to be remembered that there was much testimony to the good order prevailing and to the absence of violence in the greater part of the hospital. The specific instances of abuse occurred only on the violent wards, and were in nearly every instance provoked by the violence of the patient in attacking a nurse, or in resisting a proper order. In several instances discipline was administered immediately by the hospital authorities, through the courts or by discharge of the offender. A nurse's position is a very trying one for anybody, and it is not to be wondered at that nurses sometimes err in judgment and use excessive force and even lose their tempers. Such action is, of course, not justified or excused by the Board, but no hospital is entirely free from it. We can only urge upon the authorities the exercise of the greatest care to maintain discipline and as far as possible prevent such occurrences.

There was considerable testimony tending to show excessive use of wet packs and continuous baths, and indicating that these valuable methods of treatment were sometimes abused by the nurses, who would secure an order for a pack as a means of getting even with a violent patient. These orders were too readily given to nurses, without a sufficiently close and personal



knowledge by the physician of the necessity for such treatment, as to the way in which his instructions were carried out, or of the effect upon the patient.

The Board is now considering the theory and practice as to wet packs in the different State hospitals, and it is hoped that some general rules can be formulated which will be helpful in such cases.

There was some testimony as to carelessness about possible infection when bathing patients. It may be said that some nurses are careless in such matters, but no instance of such infection was called to the attention of the Board.

Two nurses testified that Alice Doten slept at night in the bed occupied by Mary Baxter during the day, without any change of bed linen. Miss Lukanoft says, "Woodward 1 patients take any bed at all, unless nurses place them;" and Miss Kenney says that on Woodward 1 some patients are kept in bed all day; at night they are taken to Washburn 1 and other patients take their beds, without change of sheets; patients often with infectious diseases.

Helen Culpan testified that a patient, Antoinette Pallardino, was put into another patient's bed without change of sheets. The other testimony was to the effect that each patient had his own bed. If there has been any variation from this rule we believe it arose from carelessness or indifference of some individual nurse, and that it would not have been tolerated if known to those higher in authority.

One instance was brought to light where attendants appropriated to their own use fruit which had been brought by friends for a patient named Lewis Swartz. The witnesses differed as to which attendant was responsible for the taking, but there seemed to be no doubt of the fact of the misappropriation. Only one such instance was spoken of, and it was, of course, unknown to the authorities.

As to medical treatment, aside from the case of Hattie Simpson, previously referred to, there were only three complaints. Miss Roache testified that teeth were not looked after; that the visiting physician came on the ward once a week; that she never saw the physicians go through twice a day; that the physician in charge spent five minutes, if in a hurry, sometimes not that much; and that they sometimes came to give physical examinations and stayed a little longer. Miss McDonald testified that the condition of the patients' stomach and bowels were not looked after to any great extent, and not much was done to see if they have diseases other than insanity. Miss Culpan testified that a nurse received a blow in the face and got a black eye, and the supervisor called the doctor's attention to it, and he never asked how much she was hurt. The other nurses who spoke on this subject all agreed that there was no lack of medical attendance, and no neglect to furnish proper medical treatment to patients or nurses. The medical staff consists of the superintendent, the assistant superintendent and four assistant physicians. We are satisfied that they are faithfully giving to the patients all the care which can be expected from a force of this size, but the force is inadequate.



## 6. Administration

There was some testimony of lack of supplies and occasional misuse of sheets, etc., for purposes for which they were never intended. The system of furnishing supplies was explained. So far as there was any foundation in fact for complaints of lack of supplies, the trouble apparently lay with those in immediate charge of the particular ward in failing to make reasonable requisition for necessary articles.

There was full testimony as to the work of the Training School for Nurses. This was to some of the nurses one of the principal inducements to take up the work. Some of the nurses were satisfied with the training obtained and some were not. The course at best is limited, consisting, in addition to what may be learned from books, of one lecture, one demonstration and one recitation a week; the nurses are as a rule not well prepared by previous education; and they take up the work of the school in addition to their full work as nurses in the hospital. Under these unfavorable conditions it is not strange that some are dissatisfied with the results.

There was conflict of testimony as to whether warnings were given when the trustees, or others, were visiting the hospital. It seems probable that such warnings were given in some instances. With complete telephonic communication, it would be very strange if they were not so given at times. There was nothing to indicate that any such warnings were sent from the office.

There was full evidence as to the effort to secure suitable nurses, and as to the inquiry into the previous history of the applicant, but written recommendations were not invariably required. Effort is made in every case to find out why employees leave, that undesirable conditions may be remedied as promptly as possible. There is difficulty in securing male attendants not addicted to the use of intoxicating liquor, and intoxication is a frequent ground for discharge. The present administration has taken special precautions to prevent any attendant from going on duty when in any way under the influence of intoxicating liquor.

All complaints to the superintendent, whether by nurses or patients, are carefully investigated. Reports of accidents and injuries are required, and such reports are always followed up, and the circumstances carefully investigated. Any case of serious injury is reported immediately by telephone to the doctors.

Staff meetings are held every week day, from 8.30 to 9.30 A.M., and there is a meeting of the staff every Tuesday night in the laboratory.

The whole work is planned and divided so that each person has a responsibility to his immediate superior. The difficulties which have arisen are to some extent the evils inherent in the system. If there is a failure at any stage to report to the proper superior, the head of the institution has no adequate means of information as to the occurrence. In this connection it is noticeable that the complaints referred to in this hearing did not get beyond the supervisors of nurses until they were brought before the State Board of Insanity.

Much study should be given to the question of devising some means of

providing suitable checks upon the system, and some method of bringing the authorities at the office into closer touch with the situation on the wards.

The Board realizes how impotent they are to correct abuses that inevitably will arise whenever the number of nurses and attendants is inadequate to properly look after the patients who are assigned to their care.

The Board of Trustees, having more immediate and particular charge of the general welfare of the institutions under their care, should be the Board before whom such charges and complaints as this hearing at Worcester disclosed should first be brought.

Mr. Roger Wolcott was not a member of the State Board of Insanity at the time of the investigation, and consequently took no part in the adoption of this report.

## CHAPTER XIII

COMMENTS AND FOLLOW-UP WORK ON THE BOARD'S REPORT. — DR. WOODWARD'S LETTER. — TRAGIC DEATH OF BESSIE LUKANOFF. — DR. FULLER'S REPORT ON VIOLENT AND SUDDEN DEATHS IN THE STATE HOSPITALS INVESTIGATED AND MADE AT THE REQUEST OF THE BOARD. — COMMENTS OF DR. BRIGGS

The public interest had not "cooled" to such an extent as to prevent all or any of the newspapers from making comments upon this report in conspicuous type. The "Boston Sunday Globe" of February 1 quotes largely from the report under the caption: "Censures Management on Sheeting Practice — Insanity Board, however, generally upholds Hospital Officials — Responsibility for Hospital Abuses at Worcester Institution placed upon Attendants." The "Boston Post" and several other papers interpreted our report differently. The "Post's" caption, "Hospital Abuses found by the Board — Drunkenness and Sheeting of Patients found at Worcester Insane Institution," and the "Sunday Herald's," "Board scores Conditions in Hospital Wards — Reporting on Investigation of Worcester Charges, State Body Criticizes Management and Blames Attendants for Abuse of Insane — Suggests Reforms in Administration — Declares Trustees should Attend to Complaints," as well as the "Boston American's" briefer heading, "The State Board finds Insane were Abused" — "Inadequate Nursing and Medical Service at Worcester," declares report. The "Post" sums up the charges made in the report as follows: "Drunkenness is common among attendants. There is lack of sufficient help.

The food is uniformly good. The abuse of patients by sheeting was found to exist. Patients have attacked nurses, but the hospital authorities are not to blame. Nurses are careless about preventing infection. The medical staff is efficient but inadequate."

It is not explained how an "efficient" medical staff permits nurses to be careless about infection — putting the blame on these ignorant subordinates who are giving their time to the hospital for the sake of being taught the very things they are accused of neglecting.

My efforts, in company with Mr. Hall, to get conditions remedied in the Worcester State Hospital, as well as in the other hospitals under our Board, were not at that time in themselves very successful; but the agitation over the Worcester scandal was more or less directly productive of very important results in the reorganization of the State Board. This matter will be taken up in its proper place. We attempted in many ways to follow up the report of our investigation with definite action, but were met everywhere with our own lack, as a Board, of actual power. We were being held responsible for evils which we had no legal power to correct. The report was evidently not taken very seriously at Worcester, as soon after it came out other abuses were reported from that hospital. I have notes of casualties in April, 1914, including the following:

April 5, 1914. Thayer I. George E. Savage d. pneumonia. Autopsy showed broken ribs, etc. Chemical restraint used in this case for a long time at night:  $\frac{1}{2}$  gr. morph.  $\frac{1}{60}$  gr. hyoscine, but not recorded; also at times paraldehyde  $\frac{5}{8}$  IV. at a dose.

April 10, 1914. James F. Robinson found dead in bed at 4.50 A.M. by attendant F. H. Twombly on Thayer III.

April 13, 1914. Alice B. Griffin, died April 12. Autopsy showed two fractures of the base of the skull, a large subdural hemorrhage.

On April 11, 1914, in a communication which I made to the State Board, I said:

I understood recently that — and the head nurse of the Worcester State Hospital are still there, in spite of the report of the State Board of Insanity. If this is a fact, I (for one) feel that our investigation has not amounted to anything in the way of constructive work, and I believe that if this is the case, we should follow up our report by some committee visiting the hospital and seeing that the conditions which we found wrong are remedied. I do not believe these two people should be retained another day.

I then took up some evils in other hospitals and some matters of our own office which needed correction, cited several cases of other reported abuses, and concluded:

If we are to be responsible for such carelessness and disregard of the feelings and rights of the patients, their relatives and friends, I feel that we should know that we are taking that responsibility.

On April 14 the Board wrote to the trustees of the Worcester State Hospital, asking what action had been taken on their report. In reply the following letter was received from the chairman:

WORCESTER, MASS., April 21, 1914.

Dr. M. J. O'MEARA, *Chairman, State Board of Insanity.*

MY DEAR SIR: — In answer to a letter from you, dated April 14, 1914, asking the trustees of the Worcester State Hospital what action, if any, had followed the presentation of the report of the State Board on the investigation held by it at the hospital in October and November, 1913, I beg leave to state that this report has had the careful consideration of the trustees and the superintendent, and that although many conditions were discussed, they find in it but one specific recommendation.

This recommendation is, that much study be devoted to the finding of means to provide suitable checks upon the system in vogue, and some method of bringing the authorities at the office into closer touch with the situation in the wards. To carry out this idea the superintendent and assistant physicians in their daily intercourse with the superintendent of nurses, supervisors, nurses and attendants, have insisted that full and complete reports be made as to the treatment of patients and general ward conditions. Special em-



phasis has been laid in the training school lectures on the duties of the nurse to the patient.

The superintendent of nurses spends some portion of every day, when she is on duty, in the wards of the institution, giving instruction to nurses and studying conditions. Nurses have been encouraged to *consult freely* with their superiors, these superiors being the charge nurses, supervisors, assistant physicians and superintendent.

Special investigations have been made at various times to see that the wards were properly supplied with clothing and general toilet conveniences. In certain wards there are many patients who not only refuse to make use of toilet articles, but actually destroy those furnished, so that in many instances issues of the previous day cannot be found.

Special attention has been given to the matter of ward supplies by special investigators and special inventories, in order to be sure that those in charge are keeping their stock up by proper requisitions, and these reports are brought directly to the staff.

*Radical changes have been made in the classification of patients, whole wards having been completely changed in their uses.*

It is due to the superintendent to say that many of these changes were in progress before and during the investigation. *The quiet have been more completely separated from the acutely excited, and recent and curable cases from the chronic disturbed and violent.*

*The superintendent has in these changes particularly in mind the lessening of excitement and violence in the Washburn and Woodward wards, the source of the most complaint at the time of the investigation. Washburn 4 is a much smaller ward than any of the others, and here have been placed a number of those patients who are most difficult to control, and additional nurses supplied to insure more adequate care and attention. This change has much improved the order and discipline of the wards from which these patients have been taken, and also promoted the general comfort and well-being of the individuals concerned.*

*A new officer has been added to the staff in the person of a specially trained young woman, who serves as director of therapeutic industries and amusements. It is her duty to strive to arouse in patients an interest in industrial pursuits and in amusements that will occupy their attention and tend to develop in them a more orderly line of thought and effort. She extends her work all over the institution, in the wards of both men and women. She has made special effort to interest that class of excited and turbulent patients, in the management of which the most difficulties have arisen.*

She has nurses to assist her, and gives instruction to others on the proper methods of occupying and interesting patients under their charge. *She has taken our incorrigible girls and endeavored to interest them in the operations of the industrial room. She is stimulating an interest in industries, both on and off the wards.*

This woman is in *constant conference* with the superintendent, assistant physicians and nurses, devising means to interest and improve the patients. The work which is thus being done is constantly bringing the authorities in

the office into closer touch with the situation on the wards in a most practical way by establishing a community of interest in promoting the success of the work.

The wards for acute cases, and others requiring specially tactful care and management, are in charge of experienced — generally graduate — nurses who are rotated as little as possible.

#### PACKS

Efforts have been made to limit the number of wet packs given but they are of too great proven therapeutic value to do away with altogether. There are many instances of *patients asking* for packs to allay their nervousness. The supervisor is present when packs are given. No packs are given or have ever been given without the order of the physician, who has an intimate knowledge of the condition of the patient before the pack, the duration of the pack and the condition of the patient at the expiration of the pack. A record of all packs is kept.

Both superintendent and trustees, after an experience of *more than a year with absolutely no restraint or seclusion*, are convinced that in some few instances restraining measures are more humane and beneficial than the constant irritation of physical control by nurses. They do, however, feel that the use of restraint and seclusion should be very limited.

#### STAFF

Dr. Hendricks has left the service and Dr. Shorer is to go at a later date. Dr. Mason and Dr. Bunker have been added to the staff. Both of these men have had considerable previous hospital experience in the care of the insane, and come well equipped for the work. The matron, Miss Dudley, has resigned on account of ill health.

#### NURSES

There is still great difficulty in securing and retaining in the service of the institution sufficient capable nurses. The general average ratio has been one nurse to seven patients, though at times it has fallen below this. Two factors have operated to make it specially difficult to secure nurses in sufficient numbers.

*First.* — The exercise of greater care in looking into the antecedents of applicants. Many persons seeking hospital positions make written application to several institutions at the same time, and it has often happened that before replies from references have been received, positions have been secured elsewhere; this naturally applying particularly to those most desirable.

*Second.* — The great notoriety given the institution by the publicity of the investigation has created a false impression as to the character of the service, and made many unwilling to join the nursing staff. Your Board will remember that at the time of the investigation it insisted that the position of no one, who gave testimony as to conditions, should be in any way jeopardized as a result of such testimony. This promise of immunity has operated as a serious handicap to the discipline and efficiency of the institution, by

causing to be retained in the service persons who confessed to the abuse of patients, and who were openly antagonistic and hostile to the administration. A few of these persons still remain. Their presence and influence is regarded by the superintendent and the trustees as very undesirable and detrimental. The superintendent has reason to believe that from them emanate certain unfair complaints and allegations which — if made at all — should be first submitted to him, and which the trustees feel should be brought to their attention before they are sent to various persons in authority.

That there may be no question as to the reason for the retention of these few persons, I will quote you from the report of the trustees' stenographer, session of October 29, 1913:

DR. BRIGGS. "I would like to get at the point that there isn't going to be any feeling against the nurses who testify in any way; that it will not be used against them in any way, even if they have to confess to certain acts; that they shall be able to do so without jeopardizing their positions."

That the hospital authorities did not willingly agree to this is shown by Dr. Scribner's succeeding remark:

DR. SCRIBNER. "The only point I should question is whether, as an institution, if we have self-confessed cases of abuse among the nurses — whether the institution wouldn't be warranted in discontinuing the services of such people — not any wholesale dismissal of nurses."

But to this Dr. Briggs replies:

DR. BRIGGS. "But if there is a feeling among the nurses that it is going to be unsafe for them to confess or say they have done certain things, of course we are not going to get at facts."

And as a result, on the next day Dr. Scribner, before calling on certain male nurses, made the following remarks:

DR. SCRIBNER. "Mr. Chairman, in view of the fact that charges have been made against the institution, although up to the present time they have only — to my knowledge — been voiced by representatives of the female nurses, in view of the fact that these charges were directed against the institution and some charges of abuse and neglect and violence, I wish to present certain members of the male department, but in presenting them to show you in as clear a manner as I can the accurate conditions that prevail in the building, I wish to say in your presence and others I hope they will give as full an opinion and free, whether against the institution or not, *and that no adverse action will be taken in reference to them; they shall be subjected to no conditions because of their testimony.* If they don't like the food, say so; if they don't like the conditions, say so; if the hours are too long, say so; if there is any wrong in the institution, say so; *tell me the truth.*"

Your Board will remember that all this occurred after private conference with the trustees, in the course of which this action was urged on the trustees by you, and accepted by them after some protest.

Female nurses are the most difficult to secure. Strenuous efforts are constantly being made to keep the nursing staff at as high a number as possible. In addition to personal applications, constant reference is had to the

State and other employment agencies in Boston, Worcester and other places. Advertisements for help have been placed all over New England, in New York State, Pennsylvania and Canada. At the present time we are advertising in six Boston papers; three Worcester; one Springfield; one Providence; and also in those of Maine and Canada. As many special concessions and privileges have been granted to nurses as seemed consistent with the proper performance of their duties.

The superintendent feels that, although he had many efficient nurses before, the general average character is, as the results of his efforts, higher than at the time of the investigation, but that the number is still below what it should be.

In making the annual request for maintenance it was sought to add a social worker and several other special officers, and to in some measure raise the compensation in certain cases. *The Committee on Ways and Means cut from the maintenance request \$14,500 and of this sum \$10,000 was taken from salaries and wages.* This means that the Legislature has practically said that no greater ratio of nurses shall be maintained here than before, and that no higher rate of wages shall be given.

This legislative action was taken, despite the following protest to the chairman of the Committee on Ways and Means:

*To the Chairman of the Ways and Means.*

SIR: — I am instructed by vote of the Board of Trustees of the Worcester State Hospital to voice their protest against the reduction made in their maintenance estimates for the ensuing year, and particularly to protest against the reduction of \$10,000 made in the estimates for wages and salaries, as they feel that the efficiency of the hospital will be impaired by this legislative action.

Yours respectfully,

SAMUEL B. WOODWARD,  
Chairman.

The trustees sent at the same time to your Board the following letter of similar import:

*To the State Board of Insanity, M. J. O'MEARA, Chairman.*

SIRS: — Feeling that your Board, as a result of the recent investigation made by it of the Worcester State Hospital, are convinced that the standard of maintenance at present existing should be in no degree lowered, I am by vote of the trustees, instructed to voice their protest against the reduction made by the Legislature in the maintenance estimates for the ensuing year, and particularly to protest against the reduction of \$10,000 made in the estimate for wages and salaries, feeling that the efficiency of the hospital will be impaired by this legislative action.

Very respectfully,

SAMUEL B. WOODWARD.



Both the superintendent and the trustees believe that a larger corps of workers is needed, and that a higher rate of compensation should be paid. The superintendent is and has been for some time negotiating with several persons, in the endeavor *to find a suitable woman to act as assistant to the superintendent of nurses, who shall spend all of her time in the wards as probation teacher to nurses, and for the improvement of ward conditions.*

Much study has been given by the new matron to the preparation and proper serving of food.

The issuing of supplies is receiving proper attention, and the superintendent considers the domestic service generally satisfactory.

Should your Board desire any further or more detailed information as to the present manner of conducting the hospital, I shall be only too glad of the opportunity to furnish it as far as lies in my power.

Very respectfully,

SAMUEL B. WOODWARD,  
*Chairman, Trustees Worcester State Hospital.*

The immunity from discharge recommended at the hearing by our Board and agreed to by Dr. Scribner did not, of course, preclude the discharge of nurses and attendants whose subsequent conduct was unsatisfactory. It was the plain duty of the staff to prevent any further abuse by these nurses or any one else, and as a matter of fact, certain nurses were discharged immediately after the hearing.

Dr. Schorer, one of the assistant physicians at Worcester, in whose ward some of the abuses were reported to have occurred, was not called to testify at the hearing. For some months she was under fire, as it had been stated that she knew of the sheeting. Dr. Adolf Meyer, of the Phipps Clinic, Johns Hopkins Hospital, shortly afterwards wrote me several long confidential letters in regard to Dr. Schorer, who he felt had been unjustly accused. He evidently had great respect for her, both as a woman and as a physician, and felt that she had been made a scapegoat, to protect the head nurse at the time of the Worcester



investigation, especially as she said that she and Dr. Orton had repeatedly drawn the attention of the Superintendent to the unsatisfactory conditions. The superintendent evidently took the head nurse's statements that this doctor was overzealous and not satisfied with any of the nurses, which was not a fact. Dr. Meyer felt that under proper associations there would have been no difficulty with Dr. Schorer's work. I will not quote these letters, as they are marked "confidential," and are still to be so considered, but will give Dr. Schorer's side of the case, as stated in a report of a visit to the Worcester State Hospital made by Dr. O'Meara and myself more than eight months after the investigation. I extract here only such matter as bears upon Dr. Schorer; the body of the report shall be quoted in its proper place:

. . . We interviewed Dr. Cornelia B. J. Shorer, who informed us that during the hearing of the Board given in Worcester last fall she was present the first three days and would have been glad and willing to testify; but she had told Dr. Scribner on the morning of the second or third day that she could not testify favorably about the nurses, either as to the number employed or the quality of the instruction given them. Dr. Scribner answered that he did not want her to tell anything but the truth, but he never asked her to testify, and she was not told that the Board, or any member of the Board, wanted to see her. While she might not have been able to come down for several days, her door was always open and there were days when she would have been glad to see any member of the Board and tell what she could. She claimed that she did not break down because of the hearing, but because she had been on the verge of a nervous breakdown before it began; she was just at the end of her rope from overwork and had planned to start on a vacation when the hearing was called. The night before she was taken ill she had been up until 1.30 trying to quiet a hysteric patient. She said she had asked Dr. Scribner for relief, as she could not stand the work necessary for the 160 patients under her. She felt that her patients came first, and the ward work and other work afterwards, while Dr. Scribner's idea seemed to be first to clean and scrub the floors and let the patients come afterwards. She did not feel responsible for conditions on her ward, so far as the nurses were concerned, as she had no say regarding them. Her nurses were constantly

changed. New nurses were constantly sent to her, but never enough of them to do the work properly. Nurses whom she had trained or who had got used to the patients on her ward were removed to other wards without notice to her and without consulting her. She had frequently complained of these unsatisfactory conditions to the assistant physician. She did not think it right to go over his head to the superintendent, but once did so, and Dr. Scribner told her he wished she had come to him long before, but he did not remedy what she complained of. He came back and told her that Miss McNeil had her troubles, also, and complained that Dr. Shorer coddled her patients too much and found too much fault with the nurses. She said she was never given the report of the State Board of the hearing at Worcester, although it concerned her and her work. She only knew what she had read in the papers, and she had not read all of that. She said that in April, 1914, Dr. Scribner for the first time read her a few lines of the report which referred to her, but nothing else, and at that time he told her that her resignation was asked for, giving her as a reason things that had happened long before. The Board of Trustees had her appear before them and gave her entirely different reasons, so she feels that she has been dealt with unjustly, as she does not know the true reason for requesting her resignation. She feels that the morale, as well as the scientific work, of the hospital reached a very high standard under Dr. Meyer, then declined until Dr. Orton came, when it went up again; now that he has left it has gradually gone down. She feels that she is being sacrificed for conditions which, at the Worcester Hospital, only the superintendent of nurses can control. She did much to reduce restraint, and never applied "sheeting" or approved of its being applied; but when she came to the hospital for the second time one of the patients was brought to her sheeted. She found it to be so much the custom at the hospital that the nurses did not even think it was wrong. She remonstrated and said it must never happen again, but she now has evidence that it has occurred once or twice since then. She had explained to the nurses that it was restraint, and they must not use that method. . . .

As a comment on the sequelæ of the Worcester investigation, and an example of public ingratitude for disinterested public service, the fate of Miss Bessie Lukanoff is significant. No one who studies the report of her testimony before the members of our Board, or who reads the extracts from her journal, can doubt her quick intelligence, her faithfulness to duty, or question her disinterestedness in starting the nurses' protest, and thus bringing about the investigation, which was so far-reaching in its results to the State.

I lost sight of Miss Lukanoff until December 28, 1915, when I read the following in a newspaper:

TAKES POISON, SHOOTS HERSELF. BESSIE LUKANOFF, WHO CAUSED WORCESTER HOSPITAL INVESTIGATION, TRIES SUICIDE

DEC. 28, 1915.

Miss Bessie Lukanoff, twenty-eight years of age, a nurse who two years ago was responsible for the investigation of charges of cruelty to patients and mismanagement at the Worcester State Hospital for the insane, shot herself after taking poison, in Medford yesterday. To officers of the metropolitan police force who found her she would say nothing, but that she was tired of life and wanted to die, adding that she had been out of work for some time. She is in the Malden Hospital, where it is said she has little chance of recovery. The young woman had been boarding at 184 Sheridan Avenue, Medford. She went yesterday afternoon to a spot in the woods near Fellsway and Forest Street, where she turned in at St. Denis Road, went into a grove and sat down on a rock near a small brook. At three minutes before 6 o'clock four officers of the metropolitan force heard a shot, then a moan, and quickly located her. Her waist was afire and there were three wounds in her chest.

They asked who shot her and she replied, "I did." While one officer called an ambulance, the others searched for a revolver, but could find none. They did find a paper which had contained corrosive sublimate, and the young woman told them she had taken some of the poison. The missing revolver was found later in the brook near where she sat. At the hospital it was found that all the wounds were made by one bullet, which was fired in such a way that it had passed through three parts of the body.

Miss Lukanoff came to the United States from Russia about eight years ago. She became a nurse, and while at the Worcester institution kept a diary, facts in which came out at the hearing in Worcester, in 1913, with far-reaching results. Since that time she has had difficulty in getting positions as a nurse, and she had worked at times as a dressmaker. She had spoken of an only brother who was in the Russian Army.

I immediately communicated with the Malden Hospital, but there was nothing that I could do at the moment, and Miss Lukanoff died there on January 2, 1916. I have always felt that she was indirectly a martyr to the cause she had so bravely advocated. That this appeal should have been brought about through the self-sacrificing zeal of a Russian immigrant — the first woman to dedicate herself to the cause of



BESSIE LUKANOFF, WHOSE LIFE WAS SACRIFICED BECAUSE OF DISCOURAGEMENT SHE RECEIVED FROM THOSE IN CHARGE OF THE INSANE PATIENTS OF THE WORCESTER STATE HOSPITAL AND THE STATE BOARD, THE VERY MEN WHO OUGHT TO HAVE CO-OPERATED WITH HER AND HONORED HER





the down-trodden and oppressed in our State hospitals in Massachusetts since the days of Dorothea Dix — is startling and significant. Her death was undoubtedly the result of persecution on account of her efforts to overcome evils which, even to a Russian, were well-nigh unbearable, — persecution by those who should have been the ones to appreciate her efforts, even though they themselves were found to be at fault.

In closing the account of the investigation of the Worcester State Hospital I quote from a study made under the direction of the Board, relative to accidents, injuries, etc., in the institutions under its supervision, about this time by Dr. Daniel H. Fuller, assistant to the executive officer of the Board:

FEBRUARY 10, 1914.

CHARLES E. THOMPSON, M.D., *Executive Officer, State Board of Insanity.*

DEAR DOCTOR THOMPSON: — In accordance with the vote of the Board, Jan. 16, 1914, I submit herewith a comparative study of casualties reported during the year 1913 from Worcester Asylum and from all the institutions.

During the year there were 156 casualties reported, including 12 suicides and 17 sudden deaths from natural causes without suspicion of violence.

These occurred in 16 institutions in the following order:

Cases			Cases		
Worcester Asylum . . .	24		Bridgewater Hospital . . .	4	
Boston Hospital . . .	20		Wrentham School . . .	4	
Worcester Hospital . . .	19		Gardner Colony . . .	3	
Westborough Hospital . . .	18		McLean Hospital . . .	3	
Medfield Asylum . . .	16		Dr. Bernis' Hospital . . .	1	
Taunton Hospital . . .	13		State Infirmary . . .	1	
Monson Hospital . . .	13		Massachusetts School for the		
Northampton Hospital . . .	8		Feeble-minded . . .	1	
Danvers Hospital . . .	8				

As these institutions care for different numbers of patients, it is manifestly fairer to classify them in the order of percentages, *i.e.*, the number of casualties per 100 persons treated on this basis; the order is as follows:

## SERVICE ON UNPAID

	Per Cent		Per Cent
Worcester Asylum . . . .	1.69	Taunton Hospital . . . .	.77
Monson Hospital . . . .	1.16	Northampton Hospital . .	.63
Westborough Hospital . . .	1.02	Bridgewater Hospital . . .	.45
Worcester Hospital . . . .	1.00	Gardner Colony . . . .	.39
Boston Hospital . . . .	.91	Danvers Hospital . . . .	.38
Medfield Asylum . . . .	.86	State Infirmary . . . .	.12
Wrentham School . . . .	.85	Massachusetts School for the	
McLean Hospital . . . .	.82	Feeble-minded . . . .	.05

If the percentage of reported casualties to the average daily number treated in each institution is considered, the order of frequency would be as follows:

	Per Cent		Per Cent
Worcester Asylum (including		Wrentham School . . . .	.95
Grafton Colony) . . . .	1.96	Medfield Asylum . . . .	.94
Boston Hospital . . . .	1.56	Northampton Hospital . . .	.90
Westborough Hospital . . .	1.49	Danvers Hospital . . . .	.55
Monson Hospital . . . .	1.43	Bridgewater Hospital . . .	.51
Worcester Hospital . . . .	1.41	Gardner Colony . . . .	.43
McLean Hospital . . . .	1.36	State Infirmary . . . .	.13
Taunton Hospital . . . .	1.16	School for the Feeble-minded	.06

In interpreting these figures, it must be remembered that there has been no perfectly definite rule as to what need be reported or what need not be reported. The superintendents' understanding of what is important and what is expected in this regard has probably varied considerably, and, I believe, accounts to some extent for these differences.

Of these 156 cases, 135, or 87 per cent, resulted from causes that were known, while 21, or 13 per cent, were from unknown causes.

In Worcester Asylum, 83 per cent were from known causes and 17 per cent from unknown. While this shows a somewhat larger percentage of cases of unknown cause than is shown in the totals, it is smaller than that shown in some of the other hospitals reporting a considerable number of casualties; *e.g.*, Medfield Asylum, showing 19 per cent, and Worcester Hospital 26 per cent, of unknown origin.

If we separate these cases into three classes, *viz.*, those which happened by themselves, those resulting from contact with others, and those which are unknown in their origin, it appears that of the 156 cases, 75, or 48 per cent, were alone; 65, or 42 per cent, involved others; and 16, or 10 per cent, were undetermined. Compared with this, Worcester Asylum shows 42 per cent of its cases happening alone, 54 per cent involving others, and 4 per cent unknown.

The Worcester Asylum *percentage* of casualties from contact with others is exceeded by Danvers, where, out of 8 cases reported, 6, or 75 per cent, resulted from such contact; by Medfield, with 9 cases, or 56 per cent; Gardner, with 2 cases, or 67 per cent; State Infirmary and School for the Feeble-

minded, 1 case each, or 100 per cent; McLean Hospital, with 2 cases, or 67 per cent.

Of the 135 cases of *known* origin, 12 were suicides and 17 were sudden deaths without violence, and 1 was of too little consequence to be considered. If, therefore, we exclude these 30 cases of death, there remain 105 injuries of greater or less severity of known cause for consideration.

An analysis of the causes results as follows:

- 35, or 33 per cent, resulted from contact with fellow patients.
- 25, or 24 per cent, resulted from falls (unassisted).
- 21, or 20 per cent, resulted from contact with attendants or nurses.
- 4, or 4 per cent, resulted from epileptic seizures.
- 20, or 20 per cent, resulted from causes, as follows: 6, either accidental or  
— voluntary self-inflicted wounds; 2, scalding; 1, exposure;  
105 2, playing ball; 3, working outdoors; 2, jumping from win-  
dows; 1, burn from steam pipe; 2, choking; 1, mistake in  
medicine.

In comparison with this, Worcester Asylum reported:

- 10, or 53 per cent, which resulted from contact with fellow patients.
- 4, or 21 per cent, which resulted from falls.
- 2, or 10½ per cent, which resulted from contact with attendants or nurses.
- 1, or 5 per cent, which resulted from epilepsy.
- 2, or 10½ per cent, while working out of doors.

—  
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At Boston State Hospital (including Psychopathic Department) there were 17 cases with known cause, of which —

- 6, or 35 per cent, resulted from contact with fellow patients.
- 7, or 42 per cent, resulted from falls.
- 1, or 6 per cent, resulted from contact with attendants or nurses.

At Medfield Asylum, where the general class of patients will compare closely with Worcester Asylum, although conditions are different, there were 11 cases of known origin. Of these —

- 7, or 64 per cent, resulted from contact with fellow patients.
- 2, or 18 per cent, resulted from falls.
- 1, or 9 per cent, resulted from contact with attendants or nurses.

At Taunton Hospital, out of 9 casualties —

- 5, or 56 per cent, resulted from contact with fellow patients.
- 2, or 22 per cent, resulted from falls.
- 0 from contact with attendants or nurses.

These are shown in the following table. The percentages in other institutions, where the number of casualties was small, do not seem to me to be of value for comparison; *e.g.*, at Bridgewater Hospital there were but 3 cases of known origin. Two of these were due to conflict with attendants. Inasmuch as there are numerous minor injuries from conflicts between patients, or assaults by patients, this percentage of reported cases I feel has little significance:

	Number of Cases of Known Cause	Contact with Fellows (Per Cent)	Falls Un-assisted (Per Cent)	Contact with Attendants (Per Cent)	Epileptic Seizures (Per Cent)	Other Causes (Per Cent)
All institutions . . .	105	33	24	20	4	20
Worcester Asylum . .	19	53	21	10½	5	10½
Boston State Hospital .	17	35	42	6	—	17
Medfield Asylum . . .	11	64	18	9	—	9
Taunton Hospital . . .	9	56	22	—	—	22

Of these 105 cases that suffered from injury of known cause, an attempt has been made to place the responsibility, with the following result:

In 37 cases, or 35 per cent, the responsibility appeared to lie with the patient himself, *e.g.*: epileptic fit; fall on stairs, threshold, rugs, or polished floors; self-inflicted wounds; playing ball; working on teams; suicidal attempts, etc.

In 31, or 30 per cent, the responsibility was placed on a fellow patient, *i.e.* impulsive blow or push; quarrels, struggles, direct assaults; in one case, an unintentional act.

In 24, or 23 per cent, the responsibility was placed definitely on the attendant or nurse. These were: assaults by nurse; unnecessary force in handling patients; injuries resulting from struggles more or less necessary; scalds; carelessness, etc.

In 13, or 12 per cent, the responsibility was not definitely placed.

Comparing Worcester Asylum known cases in a similar manner:

In 6 cases, or 32 per cent, the responsibility was placed on patient himself.

In 10 cases, or 52 per cent, the responsibility was placed on fellow patients.

In 3 cases, or 16 per cent, the responsibility was not placed.

A study of the ages gives no special light on the matter. Of the 156 cases reported, the ages range from 6 to 90 years. Thirty-three, or 21 per cent, were over 60 years, while in Worcester Asylum, 5, or 21 per cent, were over 60, — an interesting coincidence.

Of the total number, 156, 93 were men and 63 women; in Worcester Asylum, 12 were men and 12 women.

From the above data it appears that Worcester Asylum has had a slightly larger ( $4/10$  of 1 per cent) percentage of casualties than any other institution.

In the matter of casualties of *unknown* cause it has a smaller percentage than at least two others, and so is not conspicuous in this regard.

In the percentage of casualties from contact with others (patients or attendants) Worcester Asylum is exceeded by several institutions, including McLean Hospital, where the ratio of attendants to patients is 1 to 1.8, as compared with 1 to 8.13 in the State hospitals and asylums. This is of interest, for, while McLean reported but 3 casualties, compared with 24 at Worcester Asylum, it ranks sixth in the list of percentages to total average numbers treated. While the number is greater, the quality also of the nurses (more particularly the male nurses) at McLean Hospital appears to be better, but nevertheless, with 3 reported cases, it stands well up in this list of reported casualties. This actual number of casualties at McLean Hospital is not large, considering the good percentage of very acute and actively suicidal cases it has to care for, and is not mentioned in any criticism of its record in this regard, but only as an evidence that numbers and superior quality of nurses are not a *guarantee* against such occurrences.

In the number of cases of *known* origin, those caused by contact with fellow patients at Worcester Asylum show a much larger percentage than in the total number of known cases reported from all institutions, but yet smaller than in two other institutions at least, so that Worcester Asylum is not conspicuous in its large proportion of accidents from this source.

Worcester Asylum is also below the average and so below several other institutions in its percentage of accidents from falls (unassisted), and its percentage of accidents from contact with *attendants* is far *below* that for the total reported, although above many of the other institutions. These facts are of interest, inasmuch as the Asylum and Colony have a large percentage of elderly and feeble patients as well as many turbulent and troublesome ones.

In the matter of suicides, the Worcester Asylum reported but 1, and so is not conspicuous in this regard, as two institutions, Worcester Hospital and Taunton Hospital, reported 2 each, and 7 other institutions 1 each.

Worcester Asylum, then, appears conspicuous only in having the largest number of reported casualties for the year 1913, and in the large percentage of those of *known* origin which resulted from *contact between patients*.

After a careful scrutiny of these 24 reported cases from Worcester Asylum, I find that there are 12 in which there seems to be no ground for blaming either the nurses, the officers or the methods of administration. In other words, they might have happened under any reasonable institutional conditions. These include falls, indoors and out, epileptic seizures, impulsive act on the part of patient who had not previously been aggressive.

Of the 12 cases remaining, 2 were doubtless due to poor judgment and lack of tact of nurse; 1 to carelessness of attendant in letting suicidal patient escape; and in 9 instances it was more or less apparent that lack of proper classification or too small a number of nurses on the wards at the time might have been responsible for the casualties.



In no case was the *medical* judgment of the staff seriously at fault, and the administration seems open to criticism mainly in the matters of nursing service and classification, as above suggested.

I cannot see how one-half of these 24 casualties could have been prevented, nor what provision can be made to entirely prevent similar ones in the future.

The number occurring through fault of the nurses is small, and while more efficient and more numerous nurses would minimize such incidents, they will always happen occasionally as long as human beings are caring for human beings.

The nurses and attendants at the Asylum and Colony appear to be equal to those of other State institutions, so far as observation at times of my visits is concerned. The *rotation* of service for 1913 for Worcester Asylum was 4.60 for all nurses, and 6.39 for the men. This shows a materially larger number of changes in the nursing force than in any other institution, the next smaller being *Worcester Hospital*, where the *rotation* was 3.54 for all nurses; and 4.16 for men, the *rotation* for all hospitals and asylums being, for all nurses, 2.94, and for men, 3.61.

The superintendent has informed me that he discharges a large number of nurses annually for *intemperance*. The situation of the institution in the centre of a large city contributes to this cause, but probably cannot be held accountable for it, because in the Boston State Hospital the *rotation* for the same period was but 2.35 for all nurses and 3.23 for men.

In spite of the large number of changes in the nursing force, particularly among the men, at Worcester Asylum, it is important to recall again the fact that, in placing the responsibility for the reported casualties, the nurses were deemed directly responsible in a very small percentage, much smaller than in some of the other institutions, while contact between *patients* accounted for a larger percentage of responsibility than in many other institutions.

It should be remembered that the figures in this report are for a single year, — a year in which there has been some unrest in administration and greatly emphasized demands upon the superintendents for more detailed accounting to this office in various ways. Another year's reports might give an entirely different showing as to the relative number of incidents from the various institutions.

My conclusions from this study, therefore, involve simply these elements which appear to me to be important in the situation at Worcester Asylum, and are by no means even a suggestion that they are the only causes or necessarily the most important. I recognize that an excellent nursing force and fine organization may have its record spoiled by a brutal attendant, who has by subterfuge or deceit gained his employment; or, on the other hand, by one patient whose mental condition could not be fathomed, and whose unanticipated and uncontrollable impulsive acts have resulted disastrously.

I believe, however, that the number of casualties at Worcester Asylum would be lessened by *increased facilities for classification*, by a *larger number of efficient nurses*, and by *less crowding in day spaces of turbulent, irritable, deluded, impulsive and idle patients*.

Larger opportunity for hydrotherapeutic measures; better facilities for employment and diversions in light, attractive, uncrowded rooms; *increased medical supervision*, to enable greater attention to individuals; *smaller units for housing*, in place of the long, narrow, crowded corridors and wards, are in my mind some of the efficient means of decreasing, not only the casualties, but also the unrestful and irritating atmosphere of some wards, the unstimulating routine of others, and the unsatisfied demand for some outlet for nervous and mental energy under guidance that shall be as little suggestive and as little galling as may be.

*Finer classification under larger supervision, and a greater individualization of patients in treatment and care, appear to me to be fundamental principles.*

I fully recognize the almost insuperable difficulties of attaining these conditions in the old Asylum, but at the Colony they are more possible and should be constantly striven for in its development.

Respectfully submitted,

DANIEL H. FULLER,  
*Assistant to Executive Officer.*

The following are some of our reports on the accidents and injuries which we investigated the following year, and my comments on them at the time.

*The suicide by hanging of Frederick W. Peters (No. 27,669), patient at Worcester Hospital.* Died on June 16, 1914, at Appleton 3, Men's Department. During the night of June 15th, or on the morning of the 16th, patient committed suicide by hanging. Although he had made suicidal attempts in years past, there was nothing of late which indicated that he was again contemplating such an act.

Attendant William G. Fuller, in the morning, found patient in his room suspended to the foot of his bed, which stood on end, by a leather belt arranged in a noose around his neck.

Annie E. Mannix (No. 17,319), in Phillips 3, received a Colles fracture of the right wrist.

On the morning of June 9th, 1914, patient, while sitting at the breakfast table, felt suddenly faint, and slid off her chair on to the floor. Casualty was witnessed by nurse, Frances Love. No responsibility placed.

Josephine Hokanson (No. 22,841), Woodward 3, received a fracture on June 10, 1914, of the upper third of the left femur, evidently just below the great trochanter.

At the time of the accident, at 5.55 A.M., the night nurse, Catharine Sheahan, was alone on the ward, and occupied in the clothes room, it being time for her to go off duty at 6 A.M. There were 36 patients on the ward at the time many of whom were engaged in dressing for the day. As patient Hokanson was coming from the dormitory, she was pushed by another patient, Laura A. Shepard (No. 27,681), and fell to the floor.

## SERVICE ON UNPAID

Report was made to the day supervisor, who investigated the injury and reported to the physician in charge, who gave patient immediate attention, which revealed a fracture as stated above.

## WORCESTER STATE HOSPITAL

*Alice B. Graffam*, April 12, 1914. Autopsy showed fractured skull, hemorrhage of the brain. Injury over the fracture was discovered two days after admission. The report would indicate that this injury was there before admission.

I believe the Board should suggest to the superintendent of this institution that a more careful and complete examination of every patient should be made upon admission, and in cases of this character some one from the hospital in the capacity of a social service worker should be sent to investigate at once, as the symptoms of this case, barring alcoholism, would indicate an operation which might have saved the woman had investigation been made sooner.

## WESTBOROUGH STATE HOSPITAL

*Caroline Sampson*, May 4, 1914. Said to have been jostled or pushed by a patient, Marion Peck, on female ward 13; fractured her hip.

## WESTBOROUGH STATE HOSPITAL

*Mary G. Hayes*, alias *Mary Corbett*, April 20, 1914, 9.45 A.M. Refused to go to fire drill, and for the sake of discipline was forced out by nurses, and while under their charge attempted to throw herself headlong down the stairs. Even so, she was returned to the ward, and, getting away, with three nurses in charge or witnessing, she broke several panes of glass, cutting both hands and wrist, requiring dressings, including four stitches.

The superintendent reports no neglect and the patient was transferred to a ward where the windows are screened. I believe this should be further investigated, and it should be ascertained, both as to the name and nature of the ward to which she was transferred, and also as to the untactful manner in which she seems to have been handled.

Also Arthur B. Flannagan's case at the Westborough Hospital should be further inquired into and his present condition ascertained. He got into a fight with two different patients; one picked up a broom handle and laid open his head, according to the statement.

I feel that we should ascertain how many patients were on the ward when this attendant Daniels was alone. Also how a broom handle happened to be lying around for the patient to secure and fight with.

## PSYCHOPATHIC HOSPITAL

*Nathan Selzer*, April 22, 1914. In this case a man tore down some curtains and received an abrasion on the side of his face, but no explanation is given

as to how the abrasion was received. While it may have been self-inflicted, I think the manner in which the abrasion was received should be explained.

## MEDFIELD STATE ASYLUM

*Catherine E. Reagan*, April 13, 1914. This woman received a Colles fracture of the right wrist. Her condition was discovered in the bath at 1.15 P.M. by nurse Agnes Donlin, who reported it to head nurse Blanche Demmick. She forgot to report it until the physician visited the ward at 7 P.M. No one saw this accident. In the recommendations or in the action taken, no mention is made of a reprimand to the nurse or any attempt to admonish her for her neglectfulness.

## MEDFIELD STATE HOSPITAL

*Rose Ann Barr*, April 13, 1914, 2 P.M. She had a Colles fracture of the left wrist — reported by the same head nurse; and as in the other case no one saw the accident.

Two such accidents without witnesses on the same ward should not go unnoticed. I feel that a further investigation should be made and the wrists of other patients examined carefully, as both of these fractures were discovered after the injury was sustained, and no one knew exactly how long the fractures had been there.

## MEDFIELD STATE ASYLUM

*William E. Fernald*, April 28, 1914. Aged 46. Found dead. No autopsy was performed. The medical examiner was called in and certified the cause of death as epileptic seizure.

This does not seem satisfactory, and I would advise that the trustees be notified of this unsatisfactory return.

## WORCESTER STATE ASYLUM

*Ella Hapgood*. Aged 40. Died rather suddenly while under observation, and death was certified to by Dr. C. S. Knight as: "Cause, natural causes; contributing cause, heart disease." It would seem just as intelligent to say she died for want of breath which is evident from her terminal symptoms.

I should recommend that the records in this case be sent for, that we may go over them to see what examinations were made and what treatment given, on account of the physical condition of the patient.

## WORCESTER STATE HOSPITAL

*James F. Robinson*, April 10, 1914. Found dead. Autopsy showed general arterial cirrhosis, myocarditis, chronic endocarditis, broncho-pneumonia, both lower lobes of lungs.

I would also recommend that the records of this case be sent for, to see what had been done in the medical care of this patient who was found dead with pneumonia.

## WORCESTER STATE HOSPITAL

*G. A. Savage*, March 6, 1914. Said to have broken a pane of glass with his left hand and wounded the wrist. Lymphangitis and also sepsis developed. (What pane did he break and where?)

March 15 or 16. Dr. Arey, as the patient had made complaints of pain, found a fracture of the fourth rib on the left side.

March 31. Double pneumonia developed.

April 5. Patient died. Autopsy revealed fifth rib on left side fractured, two ribs on right side fractured and old fracture of the eighth and ninth ribs which had healed. Patient complained Mr. Pederson had injured him. Attendants Wade, Manley and Griswold have left the service since.

*Edmond Charron*, March 13, 1914. Found dead in bed. Medical Examiner Fred H. Baker, without performing an autopsy, found the cause of death to be senile dementia, general arteriosclerosis.

*Samuel Joyce*, March 13, 1914. Died, claiming violence; also another patient claims his collar bone was broken by a nurse who has since left. (Read Dr. Fuller's report and records in full.)

## WORCESTER ASYLUM

*Catherine Solomon*, March 28, 1914. Cause of death, exhaustion. Autopsy showed no lesions or cause of death. She was unknown, and there is no record of what medicines were administered.

## GRAFTON COLONY

*William Price*, died. Records are not satisfactory.

## MEDFIELD STATE HOSPITAL

*Mary A. Fitzgerald*, March 9, 1914. Medical examiner's diagnosis: heart disease. No autopsy. Records show no cause for such a diagnosis. Never had heart symptoms before. Name of father and mother unknown, though twelve years at the hospital.

Have written Dr. Evans, one of the trustees, asking if arrangements could not be made for autopsies where parents are dead and nobody to object, and where the cause of death is so obscure and the records contain no symptoms to warrant any such diagnosis.

## DANVERS STATE HOSPITAL

*Alfred Thorp*, March 8th, 1914. Died. Cause of death given: erysipelas of the head. Autopsy showed bruises on the anterior chest wall, a scar on the upper border of the left shoulder blade, black and blue spots anterior surface of knee joints, fifth and sixth ribs separated from their costal cartilages on the chest wall, seventh and eighth ribs fractured. This is the same patient who attacked a nurse tearing his scrotum somewhat, and the nurse struck the patient in the face. It would seem that these fractures should



have been discovered, and that in cases of this kind we should be advised daily as to the condition of the patient so that we could take every means necessary to prevent the serious consequences that followed in this case.

#### WORCESTER STATE HOSPITAL

*Stephen F. Stone*, March, 1914. Said to have been assaulted by another patient, William Lewis, when Lewis was assisting attendant Cornelius Monahan to put Stone in bed. Stone had both eyes blacked, his face and neck and chest badly scratched. The superintendent says that Monahan was a new attendant and had been warned to be more careful. An important fact in this case is a corroboration of Frankel. Frankel testified at the Worcester hearing that this same patient, Lewis, was used by the attendants to control other patients, but this was strenuously denied at the hearing and Frankel was virtually discredited through this testimony and some other that he gave.

I feel this needs further investigation.

March, 1914. Three cases of burning by radiators at Worcester during March. Should not the Board take some action regarding the protection of radiators?

#### TAUNTON STATE HOSPITAL

*Adeline Munroe*, March 3, 1914. Fell on the ward and split her nose open, requiring one stitch. There are 45 patients on this ward with four nurses, but all nurses were busy and no one saw the accident.

#### DANVERS STATE HOSPITAL

There have been several accidents. *Mary E. Phillips* cut. Required two stitches. *Catherine Gibbons*, fractured ulna.

I think the Board should know whether the families are always notified of these accidents immediately.

#### MONSON STATE HOSPITAL

Monson still has its full quota of accidents, two of which attendants report, hundreds by patients.

One, *Henry Arnold*, cut on the back of his hand, required four stitches, and another, *Austin Connolly*, who received a scalp wound requiring two stitches.

It would seem that attendants should be a little more careful in watching their patients, or the physicians in charge classifying them.

#### STATE HOSPITAL

*John Daley*, 2d, Feb. 20th, 1914, 1.45 P.M. Was requested by attendant Scott to give up a quantity of toilet paper which he had about his clothing. This he did at once by throwing a part of it at the attendant and a part of it on the floor, after which he threw himself on the floor and jounced himself

up and down several times. There was no scuffle. While on the floor the patient dislocated his left shoulder. This same shoulder had been dislocated several times in the past. Witnessed by two patients and two attendants. Does this sound reasonable?

No. 42. *Charles Watterson*. No report of the medical examiner as yet.

No. 44. *Joseph Nannis*, Worcester. I would recommend that the Board notify the hospital superintendents that in cases of deaths, in addition to the telephonic and telegraphic communications, notice, together with the details of the last illness, should be sent to the nearest relative, or else that the relative should be asked to come to the hospital and talk the matter over. The fact of death, especially when unexpected, although it may not always be sudden, being reported by a telephonic or telegraphic message containing the simple fact immediately raises a suspicion in the minds of many people. At the same time, it is rather a cruel way, in some instances, of notifying the relatives. (See case of Mary Sullivan.)

Westborough. Case of Boston. Reported to the physician at 8 A.M. Feb. 4th and investigated by the same physician at 10 A.M. Feb. 5th. The second injury to the same man was reported at 3 A.M. Feb. 7th, investigated by the superintendent at 4 A.M. and investigated by the physician the following day or Feb. 8th at 10 A.M. It would seem that the Board should make some recommendations in this case and see that the recommendations are carried out.

The autopsy showed that the burning on the buttock resembled crisped bacon, and the marks of the burning on the back showed the lines of the radiator, and the radiator in this man's room was unprotected. It is proposed to protect the radiators by iron pipes. Is this effective, and should we not know at once how many radiators are unprotected and follow the matter up to see when our recommendations are carried out — that they be protected in a proper way.

Further, it would seem that some action should be indicated to ascertain who is responsible for leaving the ward when this kind of patient is exposed. The autopsy, performed by either the pathologist of the hospital, which I should judge to be the case, or E. L. Wood, the examiner, is to be commended, and leaves nothing further to be investigated along those lines.

Worcester Asylum. Case of Petticone. Patient was found dead in bed on the ward when they went to feed him in the morning. The medical examiner suggests epilepsy, as he was evidently an epileptic, having been transferred from Monson, which I believe to be a rather deplorable condition of affairs.

The medical examiner reports that death was caused by chronic pulmonary tuberculosis. It would seem that there was no excuse for not having got such sputa from this man before he died of chronic tuberculosis, or not having in some way examined him when he was asleep or even by not having nurses hold him long enough to listen to his lungs or ascertain his condition before he died of his disease which the hospital authorities had not diagnosed, but only suspected.

I believe that this should be investigated still further, and that this man died on the ward suffering from chronic tuberculosis and in close contact with other patients. This is another of the unsatisfactory reports of Dr. F. H. Baker, the medical examiner, and after consulting the Governor's Secretary, I would recommend that the Board transcribe at least three or more of the recent unsatisfactory diagnoses reported by Dr. Baker, and send the same to the Board of Efficiency and Economy for their investigation, including the recent cases of chronic heart disease reported at the Worcester Hospital, about which there is apparently no history to warrant such a conclusion.

## CHAPTER XIV

EUGENICS. — CONFERENCE AT 4 JOY STREET, TWENTIETH CENTURY CLUB.  
 — APPOINTMENT AS COMMISSIONER OF THE ALIEN INSANE. — CONFERENCE WITH PRESIDENT WOODROW WILSON. — BILL TO APPOINT SALARIED PSYCHIATRISTS FOR EXAMINATION AND COMMITMENT OF PUBLIC CHARGES

Before I continue the account of the workings of our Board and the work which began with the new year (1914), I will take up several matters in which I was interested that winter which had their beginnings in 1913.

One of the subjects most under discussion among psychiatrists and penologists at this time was the question of eugenics, especially as relating to the results of venereal disease. This matter was brought before the general public by Brieux's play "Damaged Goods," a powerful presentation of the social evil, which was first given in Boston on December 1, 1913. This led to a more or less open discussion on the subject among all those interested in social work.

Before this the Legislature had passed the following Resolve:

## CHAPTER 85

RESOLVE TO PROVIDE FOR AN INVESTIGATION OF THE IMPEDIMENTS TO MARRIAGE

*Resolved,* That the state board of health and the state board of insanity are hereby empowered and directed to jointly investigate, and to report to the general court, on or before the second Saturday of January next, what further impediments to marriage, if any, should be recognized by law in this commonwealth. If they make any recommendations they should include in their report drafts of bills suitable for carrying them into effect. [*Approved May 8, 1913.*]

These joint boards met several times and investigated all the available material, including the practices

in other States and the experiments made by penologists and other scientists. We sent out to authorities all over the country a questionnaire, and our report was the result of the consensus of scientific opinion thus obtained.

On December 31, 1913, we voted to recommend that syphilis and gonorrhœa in their active stages be impediments to marriage, and that the law should be amended so that every applicant for a marriage license would be handed a list of the legal impediments to marriage.

The full report of the Joint Commission, as included in our annual report for the year 1913, was as follows:

*To the Honorable Senate and House of Representatives.*

In pursuance of an order of the Legislature approved May 8, 1913, contained in chapter 85, Resolves of 1913, the State Board of Health and the State Board of Insanity have the honor to present herewith their joint report on their "Investigations of Impediments to Marriage," with their recommendations for legislation and accompanied by the draft for your consideration.

Several meetings have been held, one advertised hearing at which those particularly interested were heard, and numerous conferences with individuals. There was also sent out a circular letter to physicians, clergymen, teachers and social workers, officials of charitable institutions, and to individuals who might be interested in this matter to the number of 7,480. There were received 2,481 replies: 1,202 of these being from physicians, 938 from ministers, 157 from principals of schools and 44 from social workers. These 2,481 replies contained 4,003 recommendations: 2,120, or 53 per cent, being received from physicians; 1,341, or 34 per cent, from ministers; 268, or 6 per cent, from principals of schools, and 105, or 3 per cent, from social workers.

The recommendations of what the impediments should be were varied and numerous, the first ten in point of numbers being:—

1. Those having a communicable or transmissible disease, 914, or 23 per cent.
2. Those advocating health certificate, 495, or 12 per cent.
3. Those having tuberculosis, 329, or 8 per cent.
4. Those advocating a physical examination, 249, or 6 per cent.
5. Habitual use of alcoholic beverages, 237, or 6 per cent.
6. The feeble-minded, 211, or 5 per cent.
7. Those of criminal tendencies, 145, or 3 per cent.



8. Those who have been divorced, 108, or 3 per cent.
9. Those who suffer from epilepsy, 102, or 3 per cent.
10. Longer notice of intended marriage, 81, or 2 per cent.

These recommendations have received the study of the committee appointed for that purpose, and being further considered at a joint meeting of the Board of Health and the Board of Insanity, January 9, 1914, it voted to recommend the following legislation as conservative and wise in its provisions, reasonably practicable in its enforcement, and in accordance with the opinion of large numbers of people who have given this matter their serious attention.

1. To amend section 5, chapter 151 of the Revised Laws, so as to read as follows:—

SECTION 5. An insane person, an idiot, an imbecile, or a feeble-minded person or a person suffering from syphilis or gonorrhœa in their communicable stages, shall not be capable of contracting marriage. The validity of a marriage shall not be questioned by reason of the insanity, idiocy, imbecility or feeble-mindedness, or the syphilis or gonorrhœa of either party in the trial of a collateral issue and shall be raised only in a process instituted in the lifetime of both parties to test such validity.

2. To amend section 13, chapter 151 of the Revised Laws, so as to read as follows:—

SECTION 13. The issue of a marriage which is declared void by reason of the nonage, insanity, idiocy, imbecility or feeble-mindedness or the syphilis or gonorrhœa of either party shall be the legitimate issue of the parent who was capable of contracting the marriage.

3. To amend section 1, chapter 752, Acts of 1913, so as to read as follows:

SECTION 1. The secretary of the commonwealth shall furnish to the clerk or registrar of every city or town, a printed list of all legal impediments to marriage and it shall be the duty of the city or town clerk or registrar forthwith to post, and thereafter to maintain the same in a conspicuous place in his office and to give to such applicants for a marriage license a suitable printed list of such impediments.

Respectfully submitted,

MICHAEL J. O'MEARA, M.D.,  
*Chairman,*

WILLIAM F. WHITEMORE,  
JOHN WHITING MASON,  
L. VERNON BRIGGS, M.D.,  
JAMES M. W. HALL,

*State Board of Insanity.*

HENRY P. WALCOTT, M.D., *Chairman,*  
MILTON J. ROSENAU, M.D.,  
HIRAM F. MILLS,  
ROBERT W. LOVETT, M.D.,  
C. EUGENE MCGILLICUDDY,  
CLEMENT F. COOGAN,

JOSEPH A. PLOUFF,

*State Board of Health.*

After the meeting of January 6, 1914, held at Mrs. Hopkins's house, a committee was appointed to arrange a large public meeting. This committee met on



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE CHAMBER  
STATE HOUSE, BOSTON.

July 22, 1912.

Dr. L. Vernon Briggs,  
64 Beacon St., Boston.

My dear Doctor Briggs:

In accordance with our recent conversation, it gives me very great pleasure to appoint you a commissioner to represent this Commonwealth in an investigation of the admission, care, maintenance and deportation of the alien insane in this country,- co-operating with the New York Commissioner and others who may be appointed from the several States in an endeavor to formulate and secure Federal laws which will adequately meet the present situation.

Yours very truly,

*Augustus H. Fairbank*  
Governor of Massachusetts.



February 3, and it was planned to hold the meeting at the Twentieth Century Club on February 19, with Dr. Putnam as chairman. The hall was engaged and then Dr. Putnam wrote:

DEAR MRS. HOPKINS: — It came over me this evening — too late to telephone you — that Thursday the 19th is the one day that I cannot possibly preside at or attend our meeting, because I am pledged to read a paper at a medical society meeting in New York.

If the next following or any other Thursday could be substituted, I could be there and would preside.

Sincerely,

FEB. 5, 1914.

JAMES J. PUTNAM.

It was impossible to get our hall for any more convenient date, and so Dr. Charles P. Putnam consented to preside in his brother's place. We were much disappointed that Dr. James J. Putnam could not be with us, as he had shown much interest.

The following circular was sent out to a large number of public-spirited citizens whose understanding we felt would be helpful in the cause of the State care of the mentally ill:

#### A CONFERENCE ON PUBLIC CO-OPERATION IN PROGRESSIVE WORK FOR THE INSANE

On *Thursday, February 19*, at 8 P.M., a Conference of those interested in the better care of the Insane in the Commonwealth of Massachusetts is to be held at the *Twentieth Century Club*, 4 Joy street, Boston.

Much ill-advised and sensational criticism has appeared from time to time in the public press and undoubtedly it has had some effect for good; but surely the time has come for constructive work.

The public needs to know the facts, and those who are devotedly serving the State hospitals should be given the opportunity to bring the public face to face with the actual conditions.

The purposes and ideals, as well as the obstacles, which are engaging the attention of the hospital physicians, trustees and the State Board of Insanity are to be presented and explained at this meeting. Dr. Charles P. Putnam will preside.

As this invitation is sent only to a limited number, a reply on the enclosed

card is requested, upon receipt of which a ticket of admission will promptly be forwarded to you.

A program is also enclosed.

CHARLES P. PUTNAM, M.D., *Chairman*,  
Rt. Rev. Mgr. MICHAEL J. SPLAINE,  
*Representing the Cardinal*,  
WALTER E. FERNALD, M.D.,  
Rev. ALEXANDER MANN, D.D.,  
JAMES J. PUTNAM, M.D.,  
RICHARD C. CABOT, M.D.,  
ADOLPH EHRLICH,  
JAMES M. W. HALL,  
L. VERNON BRIGGS, M.D.,

*Committee.*

HELEN B. HOPKINS, *Secretary.*

There was a remarkable response to this invitation from a surprisingly large proportion of those invited. Mgr. Splaine, representing the Cardinal, wrote:

CATHEDRAL RECTORY, 75 UNION PARK STREET,  
Boston, February 17, 1914.

Mrs. HELEN B. HOPKINS, 135 Mt. Vernon Street, Boston, Mass.

DEAR MRS. HOPKINS: — I am in receipt of your invitation and programs for the coming Conference, and I desire to compliment you on the expeditious way in which you have accomplished this important feature of the committee work.

I shall be very happy to attend the Conference on Thursday night, and I shall distribute the tickets you sent among those who I know are very much interested.

Sincerely yours,

M. J. SPLAINE.

Dr. C. P. Bancroft, superintendent of the New Hampshire State Hospital, wrote:

CONCORD, N. H., Feb. 16, 1914.

Mrs. WOOLSEY HOPKINS, 135 Mt. Vernon Street, Boston, Mass.

DEAR MRS. HOPKINS: — I herewith enclose the card (of acceptance) and would like to know, if it is not asking too much, whether I can have another ticket for Mrs. Bancroft.

Thanking you for the invitation, I am

Yours truly,

C. P. BANCROFT.



When the night of the meeting arrived a very heavy snowstorm was in progress — almost a blizzard — and the streets were practically impassable for vehicles. Nevertheless, the Conference was attended by the following people and many others:

MEETING HELD AT TWENTIETH CENTURY CLUB,  
FEB. 19TH, 1914

The following persons were present:

Dr. H. O. Spaulding	Miss M. E. Shields
Dr. Ernest B. Emerson	Mrs. A. A. Rand
Dr. John H. Nichols	Miss Eliza C. Durfee
Dr. George O. Clark	Mr. Ellerton James
Dr. Robert H. Nichols	Mr. Roger Wolcott
Dr. Charles B. Sullivan	Mr. Bernard F. Sullpe
Dr. Earl E. Bessey	Miss Josephine Colt
Dr. Gilman Osgood	Miss Annie T. Gerry
Dr. Wm. J. Brown	Rev. J. A. Richards
Dr. T. C. Hill	Mr. Charles H. Adams
Dr. George A. Moore	Miss Elizabeth C. M. Gifford
Dr. L. M. Palmer	Mr. Edmund A. Whitman
Dr. Rushmore	Mr. Charles E. Ware
Miss A. E. Fisher	Mr. Frank G. Wheatley
Miss Annette P. Rogers	Miss Margaret C. Smith
Miss Mattise	Mrs. Julius Andrews
Miss Mary Lee Hale	Mr. Julius Andrews
Mr. Geo. D. Chamberlain	Miss Mary L. Birtwell
Mr. John M. Merriam	Rev. Julius C. H. Sauber
Mrs. Rushmore	Miss Zilpha D. Smith
Mrs. R. M. Staigg	Mrs. Wm. E. Shedd
Miss Philbrick	Mrs. Frederick E. Banfield
Miss Mabelle B. Blake	Miss A. E. Steffen
Mr. William Avery Carey	Dr. H. Lincoln Chase
Mr. Fred H. Williams	Miss Agnes L. Murray
Judge Harvey D. Baker	Frederick J. Smith
Miss Annie M. Kilham	Miss Martha L. Silverman
Mrs. A. L. Lord	Miss Marshall
Miss Margherita Ryther	Dr. George M. Kline
Mrs. L. M. Palmer	Dr. Louis H. Stick
Dr. Fannie C. Haines	Dr. E. Stanley Abbott
Miss Sarah B. Williams	Dr. Everett Flood
Miss Ida M. Mason	Dr. H. P. Frost
Mrs. Luann L. Brackett	Dr. Edward French
Mrs. E. Bernice Meldrun	Dr. E. V. Scribner

The program was as follows:

PROGRAM

His Excellency Governor DAVID I. WALSH will open the meeting with an address.

- I. Present Undertakings and Limitations of the State Board.  
MICHAEL J. O'MEARA, M.D.  
*Chairman, State Board of Insanity*
- II. How can we Educate the Public to an Intelligent Interest in the Problems of the State Hospitals. From the Viewpoint of a Trustee.  
JOHN M. MERRIAM, Esq.  
*Trustee, Westborough State Hospital*
- III. Difficulties Confronting a Superintendent of a State Hospital.  
JOHN A. HOUSTON, M.D.  
*Superintendent of Northampton State Hospital*
- IV. What the Public can do to Support an Efficient and Progressive Administration of State Work for the Insane.  
Rev. ALEXANDER MANN, D.D.  
*Rector of Trinity Church, Boston.*
- V. Social Service and the Problem of Insanity.  
RICHARD C. CABOT, M.D.

CHARLES P. PUTNAM, M.D., *Chairman,*  
Rt. Rev. Mgr. MICHAEL J. SPLAINE,  
*Representing the Cardinal,*  
WALTER E. FERNALD, M.D.,  
Rev. ALEXANDER MANN, D.D.,  
JAMES J. PUTNAM, M.D.,  
RICHARD C. CABOT, M.D.,  
ADOLPH EHRLICH,  
JAMES M. W. HALL,  
L. VERNON BRIGGS, M.D.,

*Committee.*

HELEN B. HOPKINS,  
*Secretary.*

Nearly all the newspapers had long and more or less interesting reports of this meeting. I quote that of the "Boston Herald" of February 20, 1914:

URGE PUBLIC AWAKENING TO CARE OF INSANE

Conference of Experts, Physicians and Social Workers Discusses Problem

Public co-operation in progressive work for the insane was urged last night at a largely attended conference of hospital experts, physicians, clergymen,

social workers and others interested, held in the rooms of the Twentieth Century Club, with Dr. Charles P. Putnam, presiding. The proceedings were opened by Lieutenant Governor Barry, who expressed the interest of Governor Walsh in the work, and assured the meeting of his hearty co-operation as well as that of every member of his council.

In his introductory remarks Dr. Putnam alluded to the progress made in the treatment of the insane since the time a little less than fifty years ago, when morphine and the straight-jacket were the commonest remedies applied.

"A new epoch," he said, "has come. The silent idea has changed to the hospital idea. The attendant idea has given place to the nurse idea, and into some of the hospitals social service has been introduced. Everything shows that the people are getting awakened to the problem.

"In the old days the insane were immured in dungeons because they seemed to be possessed of devils. When that idea passed away there seemed to be no way of taking care of them except to protect them. They were merely healed. But in our time the idea of care has come in."

#### CHAIRMAN OF STATE BOARD REPORTS

Michael J. O'Meara, chairman of the State Board of Insanity, read an extended report on the present undertakings and limitations of that body, and in the course of it reviewed the work accomplished by Massachusetts through the years for its insane. He showed that the Board has under its supervision 15 public institutions for a population of 16,671, and 27 licensed and authorized private institutions.

"We have wanted to do many things," he said, "but we have had to compromise and consider our resources, to temper and modify our ideas and methods so as not to usurp the rights of the trustees. We have had to distinguish between that which stands for genuine advancement and that which means only the whirling of the merry-go-round.

"Our original policy was to have a uniform institution presenting three departments — an acute hospital, a custodial asylum and farm colony — and that policy has been adhered to. The changes introduced have been commensurate with the opportunities under which the work has been carried on. We have introduced a uniform system of accounting, a visiting department and a family department.

"Complaints from patients have been listened to and have received careful attention. The Board has given much consideration to mechanical restraint. In 1909 the institutions were required to report such cases, with the result of an immediate reduction of the practice amounting to more than 90 per cent from what it was before. The reporting of restraint was made obligatory by law in 1911 and I feel that it reduced the restraint to a minimum."

In closing, Dr. O'Meara pleaded for a proper system of educating physicians for work among the insane.

John M. Merriam, trustee of the Westborough State Hospital, urged co-operation and a friendly spirit on the part of the institutions among themselves and towards the officers of the State, the Legislature and the Executive.

Dr. John A. Houston, superintendent of the Northampton State Hospital, told of some of the difficulties which confront superintendents.

"One of our difficulties," he said, "is unjust criticism by people who do not know our institutions. Then there is the difficulty of maintaining a satisfactory force to care for the patients. It is a serious difficulty to persuade a well-qualified physician to enter our service. The elevator men and shipping clerks in the State House are receiving larger salaries than many of our assistant physicians.

"The patients often make unjust complaints in order that their friends and relatives may remove them. It is difficult to obtain a suitable corps of nurses. The public is ready to believe any story that reflects on an institution. Unfounded charges are often made. There should be publicity in all such cases.

"Then there is lack of sympathy and understanding on the part of the committees of the Legislature when they are asked to approve an expenditure of money by an institution. The State should at once make provision for the proper care and treatment of its dependents. It should provide not only for the present overcrowding, but also for the increase that may be predicted."

The Rev. Alexander Mann, rector of Trinity Church, made suggestions as to what the public might do to promote State work for the insane. Speaking for a public really interested and sympathetic, he urged people to think about the subject and regard insane people as they did other sick people, and institutions for the insane as they did other hospitals. He criticized the sensational newspaper treatment of single cases of brutality in hospitals, and showed how that could be counteracted by a more kindly interest in the insane and by treating the care of the insane as a vocation.

Dr. Richard C. Cabot maintained that when social service was hitched up with insane hospitals, as it ought to be, it would be one of the greatest possible means of diminishing the isolation in which the insane and hospitals for the insane now found themselves. The social service workers, he added, would help powerfully in the needed education of the public.

Rt. Rev. Mgr. Michael J. Splaine, representing Cardinal O'Connell, praised the work and object of the conference, and in the brief general discussion which followed it was suggested that a sum of money ought to be raised for a campaign of education in regard to the insane and hospital care of the insane in Massachusetts.

The "Herald" neglected to mention that our last speaker was *Judge Baker of the Juvenile Court*. The "Globe," the "Advertiser" and the "Transcript" had similar reports.

Letters heartily endorsing the object of our meeting were received from a number of those unable to attend.

I was especially gratified by a letter from Mr. Adolph Ehrlich, of Morse Brothers & Ehrlich, enclosing an unsolicited contribution toward the expenses of the meeting. It was encouraging to read such letters as the following, which Dr. Putnam forwarded to us:

110 BAY STATE ROAD, BOSTON, February 21, 1914.

CHARLES P. PUTNAM, M.D., *Chairman, 63 Marlboro Street, Boston.*

MY DEAR DR. PUTNAM: — I enjoyed exceedingly the program of the Conference on Public Co-operation in Progressive Work for the Insane on Thursday night at the Twentieth Century Club. My connection with the City Hospital, Psychopathic Hospital, as well as my instructorship in neuropathology, give me an intense interest in the movement which you are guiding.

My invitation was an informal one, having been casually asked by some one else who attended, and for this reason I write you to show my interest and to ask you if you would be good enough to insert my address in the list to whom you are to send other announcements of such conferences.

As I look over several others who might, perhaps, be also interested to receive such announcements, I come upon the name of my cousin, Mr. W. Cameron Forbes of Milton, and I think he would be very glad to receive the notifications, if there are any further ones to be issued.

I am,

Very sincerely yours,

WALTER B. SWIFT.

Again Mgr. Splaine wrote:

CATHEDRAL RECTORY, 75 UNION PARK STREET,  
BOSTON, February 21, 1914.

Dr. L. VERNON BRIGGS, *64 Beacon Street, Boston, Mass.*

DEAR DR. BRIGGS: — I want to thank you very sincerely for your great courtesy on Thursday night in sending me home in your automobile. I appreciate your kind consideration very sincerely.

I desire also to congratulate you on the splendid success of your meeting, because one can very truly see that this movement is peculiarly yours and to your credit.

My telephone number is Tremont 271, and I am very happy to assure you that I am very anxious to do anything I can to assist you in your efforts to make better the conditions under which the insane people of this State are being treated.

With respectful good wishes, I am,

Sincerely yours,

M. J. SPLAINE.



Another kindly letter came from the Rev. Paul R. Frothingham:

294 BEACON STREET, BOSTON, 24 February, 1914.

MY DEAR MRS. HOPKINS: — I have been suffering from a cold for some days past and was sorry not to be able to go to the meeting at the Twentieth Century Club on the 19th. Will you let me know if there is any way in which I can help in the work for the insane, and whether you wish a worker from Arlington Street Church.

Very truly yours,

P. R. FROTHINGHAM.

This meeting, in addition to arousing the public interest in the problems immediately before us, probably accomplished a general purpose for which it was not originally intended — that of stimulating the mental hygiene movement. The following letter from Dr. Charles P. Putnam was hard to answer, inasmuch as I was not in favor, at that time, of the organization of the proposed Mental Hygiene Society in our State, knowing that the movement then on foot was of a more or less political character — though Dr. Putnam himself was quite free from political motives.<sup>1</sup>

MARCH 3, 1914.

Mrs. WOOLSEY HOPKINS, *Boston, Massachusetts.*

MY DEAR MRS. HOPKINS: — Would you be willing to give me a list of the people who were invited to the meeting on the insane Thursday night? I want it in order to see whether we could get some of the people to contribute to the Society for Mental Hygiene.

By giving me this information you will greatly oblige,

Yours very truly,

CHARLES P. PUTNAM.

Some time before this Governor Foss had appointed me Commissioner of the Alien Insane for the State of Massachusetts. On February 14, 1914, I received a

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<sup>1</sup> See "A Victory for Progress in Mental Medicine," pages 177-182.





STATE OF NEW YORK  
COMMISSION ON THE ALIEN INSANE  
OFFICE OF THE COMMISSIONER

SPENCER L. DAWES, M.D., COMMISSIONER,  
LEWIS R. PARKER, COUNSEL

August 13, 1912.

Hon. L. Vernon Briggs, M. D.,  
64 Beacon Street,  
Boston, Mass.

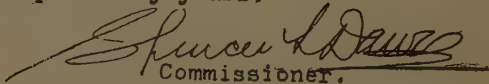
My dear Doctor Briggs:

I am in receipt of a communication from His Excellency, the Governor of the Commonwealth of Massachusetts, under the date of July 22nd, 1912, in which he notifies me that he has designated you as a Commissioner to represent your Commonwealth in the matter of the investigation of the Alien Insane, etc., etc. I have but just returned from my summer vacation, and that explains the delay which has occurred in my communicating with you.

I have been preparing a set of tables for the various State hospital superintendents to fill out, in regard to the Alien Insane in their institutions in this State, and it is now about ready for distribution. As soon as it is issued I will mail a copy to you. It is now my purpose to ask the representatives of the various States, twenty-four in number, which have accepted the invitation to confer with the State of New York in this matter, to meet together some time the latter part of this year to discuss the matter in hand, and devise some remedy for what we believe to be an existing evil.

I have the honor to be,

Very respectfully yours,

  
Commissioner.

letter from my fellow Commissioner for the State of New York, Spencer L. Dawes, asking me to be ready to go to Washington with the representatives of the State of New York, as we were to be accorded a hearing by the Senate Committee, which was then considering the Immigration Bill, and to a *conference with President Woodrow Wilson at the White House*, with the Secretary of Labor present. In our party besides Dawes and myself were Drs. Thomas W. Salmon of the Public Health Service, Department of Immigration at Ellis Island, and Professor Stewart Paton, of Princeton University (who had been associated with Mr. Wilson for some time on the faculty of that University). The President received us cordially, listened to each one of us, and was particularly interested in what we had to say in relation to mental disease and defectiveness. He gave us every encouragement, and seemed anxious that Congress should so change the laws as to prevent the landing of defective and diseased persons from other countries upon our shores.

We all know the laws which were enacted following this recommendation and which now eliminate, as far as the means provided by the Government allow, the mentally diseased and especially the defective immigrants.

One of the old customs of the Board which troubled me at this time was that of referring pauper patients for commitment to a small group of physicians. These men were paid not for the examination but for the *commitment*, and although the fee (about \$5) was not large, the incentive to commit where there was any doubt of the patient's sanity was not inconsiderable, especially where several persons were examined every

day. Sometimes an examiner made seven, eight and even nine commitments in a single day. In the year 1913 the amount paid to two of these men was \$10,459.-80 for the examinations of patients from the county of Suffolk and city of Boston, while the largest amount paid to any other physician for this work was \$817.80. Though we had no reason to think that these commitments were not as they should be, the system was and is certainly a wrong one; and I strongly advocated then and still advocate a plan whereby the examining physician shall be paid for each examination, whether or not he finds the patient committable; or, better still, that the State employ one or more skilled psychiatrists especially for this work, at a fixed yearly salary. When I was on the Board nearly all of this public work was referred to two or three physicians — a system which might easily result in political patronage and even graft. The expenditure for the transportation and examination of State charges was \$14,643.69. It is a mistake to accept a bad order of procedure because it is temporarily working well. It is our duty to safeguard our work by such regulations as shall insure its continuance in spite of changes of administrative personnel.

Mr. Barry, who had introduced, at my request, a bill for the separation of the Psychopathic Hospital,<sup>1</sup> at the same time introduced House Bill 1963, in accordance with my desire to do away with the unwarranted expense the large cities, especially Boston, were put to for these separate fees for individual commitments, as well as with any possible motive for unnecessary commitments.

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<sup>1</sup> See Chapter XVIII.



Mr. Barry's bill read as follows:

House . . . . . No. 1963

Bill accompanying the petition of Edward P. Barry and others relative to the commitment of persons to insane hospitals or asylums. Legal Affairs. January 27.

### ***The Commonwealth of Massachusetts***

In the Year One Thousand Nine Hundred and Fourteen.

#### **AN ACT**

Relative to the Commitment of Persons to Insane Hospitals or Insane Asylums.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

SECTION 1. The board of aldermen or councils of cities, with the approval of the mayor, and the selectmen of towns with a population of ten thousand or more, shall appoint three physicians to be known as commitment officers of the insane, whose duty shall be to pass upon the mental condition of all those who may be complained of. The salary of said physicians shall be regulated by the aldermen or council and mayor of cities and the selectmen of towns.

SECTION 2. All acts and parts of acts inconsistent with this act are hereby repealed.

SECTION 3. This act shall take effect upon its passage.

This bill met with little encouragement from the Board as a whole. At the time of its presentation the reorganization of the State Board was under consideration, as I shall explain later, and the bill was withdrawn because of an understanding that these men should not continue to have the almost exclusive privilege of commitment after the next fiscal year; but I regret to say that the same condition of affairs has been permitted to continue to the present day.

## CHAPTER XV

SUMMARY STATISTICS FOR YEAR 1913. — COMMISSION ON ECONOMY AND EFFICIENCY. — STATEMENT GIVEN MR. COLE BY L. VERNON BRIGGS. — EXTRACTS FROM ANNUAL REPORT OF COMMISSION ON ECONOMY AND EFFICIENCY, 1913. — POSITION OF STATE BOARD OF INSANITY AT END OF 1913. — GOVERNOR WALSH CALLS L. VERNON BRIGGS IN CONFERENCE. — SUGGESTIONS TO GOVERNOR WALSH. — GOVERNOR'S ANNUAL ADDRESS. — RECOMMENDATIONS FOR LEGISLATION OF STATE BOARD OF INSANITY, 1914.

The whole number of patients under the care of the State Board of Insanity on October 1, 1913, was 17,049 — being 1 person to every 200 of the estimated population of the State. The increase for the year was 542, and of this number, 401, or 70 per cent, were insane, as compared with an increase of 451 the previous year. The increase of insane under public care was 399, as compared with 435 the previous year. It had been predicted by my opponents that when I went on the Board not only would superintendents and trustees resign, but that the agitation which I had brought about in improving conditions in the State institutions through my legislative measures would make people afraid to send their friends to these institutions. But my critics did not read the public mind aright; the public confidence rather increased, for the number of commitments to the institutions was 3,493, as compared with 3,093 the previous year, showing that the prediction as to commitments was wrong; and what was more indicative of public confidence was the fact that there were 636

voluntary admissions in 1913, compared with 282 the previous year and an average of 308 for the last five years — an increase of 354 for the year 1913, compared with an average annual increase of only 88 for the past five years. This was convincing evidence that the confidence of the people was growing.

It is interesting to notice that this increase was in the public institutions, for McLean Hospital, the largest of the private hospitals for mental cases, received in that year but 74 voluntary admissions, compared with an average of 76 for the past five years. The public realized that someone was protecting and making progress in the care of their mentally ill. While the confidence in the State hospitals increased, it apparently decreased in the private hospitals (this being before the law was passed giving the State Board control of these institutions).

A Commission on Economy and Efficiency had been created by the Legislature of 1911, and the Hon. John N. Cole was appointed chairman by Governor Foss in 1913. A few days after he became chairman, Mr. Cole asked for an appointment at my house to see me, and on that same afternoon called, and we discussed until 11 P.M. the policy of the State Board of Insanity, its limitations, etc., with a view to making some constructive suggestions through his commission. Mr. Cole just caught the "theater train" to his home in Andover. We must have been in conference nearly eight hours, and at the end of this time Mr. Cole asked me to present to him immediately a statement covering part of the subject matter of our conference, to be followed by more detailed recommendations. The first statement I submitted to him was as follows:

SUBMITTED TO THE COMMISSION ON ECONOMY AND EFFICIENCY BY L. VERNON BRIGGS AT MR. COLE'S REQUEST

Up to the present time it has been the policy of the State through its State Board of Insanity to add to the present insane hospitals either by means of additional buildings for patients or by adding to the present buildings, and thus arrange to accommodate a part of the increase of the insane patients each year.

It would seem that some definite coherent plan for the care of the insane should be adopted by the State, and when adopted, after careful consideration of the problems connected with the constant increase of the insane in the State, such plan should be carried out in an intelligent and foresighted manner.

The State Board of Insanity in their annual report for the year 1908 outlined such a plan, but owing to the haphazard methods adopted from year to year of adding to the present buildings, without regard to the ultimate outcome, we have got away from a coherent and comprehensive scheme of development. The cause for this need not be gone into. No doubt there are satisfactory reasons in many cases, but it is time for the State to change this policy and plan intelligently now for the future development of its insane and the constantly increasing expenses in connection therewith.

The first consideration in the development of this plan should be the number of patients who can profitably be housed in one institution. In this connection it is necessary to consider the amount of detailed administrative and medical care which a superintendent can be expected to give. All authorities seem to agree that 2,000 patients in one institution are as many as any one superintendent with a proper number of assistants can be expected to handle intelligently and to care for with profit to the patients themselves. This unit of 2,000 patients should be exceeded under no circumstances and should possibly be cut down in outlying hospitals to units of 1,200.

The present method of enlarging or adding to existing buildings from year to year, and when this work is done finding that the power plants and laundries have become too small, and enlarging these in turn, has produced a situation where no plant has ever been completed. The nearest completed plant today is perhaps the School for the Feeble-minded.

In the place of making additions to the present buildings for custodial care, it would seem as if better results would be obtained by providing psychopathic departments for acute cases. What must be the aim of every hospital superintendent is the number of insane cases annually he can discharge as cured, and not the number he can retain in his hospital subject to merely custodial care.

The State should adopt a plan in the same way that a business house would plan the development of its constantly increasing business. A manager in a large business corporation could not take care of the business, no matter how many men he had under him, and give his time continuously to building operations and plans. If he did so it would be at the expense of efficiency, and in the case of the State hospitals it would be at the expense of the medical care of patients.

### The School for the Feeble-minded

The trustees of this school are asking for an addition to the building this year, and I understand that with the expenditure of the appropriation for the completion of its building the superintendent will have his mind free from further building operations and plans for contemplated buildings, and will be able to devote all his time to the medical care and development of his patients without being subject to the demands of architects or questions of enlargement.

### Boston State Hospital

To the end that this hospital shall complete its development as speedily as possible I recommend that the trustees shall at once submit estimates for a complete development of their institution so as to provide care for a total of 2,000 patients. I would recommend that an amount be added to the appropriation for the State hospital sufficient to make available the means to complete their unit of 2,000 patients immediately. This will probably call for not less than \$750,000 and not more than \$900,000. There are several important reasons why this development should be completed immediately. If this unit for 2,000 patients were at once completed it would relieve the outlying hospitals of cases which do not belong to them, and these could be brought back to within a five or ten cent carfare distance from their relatives. Today there are probably between 4,000 and 5,000 Metropolitan district patients under commitment in the State of Massachusetts. Of this number, 950 only are taken care of at the Boston State Hospital. This leaves several thousand scattered in hospitals all over the State. If this unit were completed immediately, 2,000, or nearly 50 per cent of the patients belonging to the Metropolitan district, would be housed or treated where they properly belong; 2,000 patients at the Boston State Hospital would come under medical treatment of the superintendent, who would be free from all distractions of building enlargement seven to ten years earlier than by the present system of doing a little each year. Such action would do away with the disadvantage which doing a little each year produces, where, by the time a hospital is completed, the earlier buildings are perhaps obsolete or antiquated, and have to be completely remodeled from one cause or another. There should be started immediately another unit in the Metropolitan district which could very well be a duplicate of the Boston State Hospital plan. This would take care of 2,000 additional patients, and render unnecessary the enlarging of the outlying hospitals to units above 1,200.

I would recommend that a sum be appropriated for the selection and bonding of land to be used as a site for this new hospital for the insane within the Metropolitan district, and that plans be started for the building of the same immediately.

This new hospital in the Metropolitan district, taking care of 2,000 additional patients, would not only provide for the normal annual increase of the insane for some years to come, but would make Massachusetts a leader in the care of its insane by being the first State to provide accommodations in accord-



ance with its needs. In other words, the State should properly provide for its insane patients and not be in the position that it has always been heretofore of being behind in the point of its accommodations of from 300 to 500 patients, and much more if appropriations should not come yearly to enlarge the present institutions. This procedure would in the end be more economical, and eventually, if insanity did increase and the improved methods together with more medical care did not reduce, instead of increase, the number of insane under care in our State, other units in the Metropolitan district could be added.

#### The Foxborough State Hospital

This hospital, which now contains inebriates as well as insane, should be relieved of the inebriates and turned over to the State Board of Insanity for the care and treatment of insane only. Such action would make additional provision for 200 insane patients, and there should be appropriated sufficient money for the trustees at Foxborough to build their reception plant, power plants and superintendent's house immediately. Such expenditure would mean adding from \$50,000 to \$60,000 to the present request for appropriations, and would enable the trustees to remove the inebriates from Foxborough to Norfolk, and give the superintendent at Norfolk the medical problem of therapeutic care rather than the handling of a continuous building proposition. The laundry work could be continued to be done at Foxborough for some time to come. As an example, if these two hospitals at Norfolk and Foxborough were completed under the above recommendation, it would bring a unit of 1,000 patients at Foxborough under the medical care of the superintendent and his assistants probably four to five years earlier than the present method of building piecemeal.

The result of adopting this new plan of development would be —

First: that the building operations could be done immediately at less cost than extending them over a period of years; and

Second: that the patients would have the undivided attention of the physicians and would thus be enabled to recover sooner, become useful citizens and cease to be a heavy burden to the State.

In accordance with the above plan I recommend that an amount be added to the appropriation for the Foxborough State Hospital and for the Norfolk development sufficient to allow the inebriates to be moved at one time. Such an appropriation would mean \$33,000 for the completion of the other wing and \$10,000 for the superintendent's house and \$16,000 for the laundry. I recommend that an amount be added to the appropriation for the Boston State Hospital sufficient to make available the means to round out and build their unit of 2,000 patients immediately. This would call for not less than \$750,000 and not more than \$900,000.

*I recommend the sum of \$ \_\_\_\_\_ for the selection and bonding of land to be used as a site for a new hospital for the insane within the Metropolitan district, with the idea of making as nearly as possible a duplicate of the Boston State Hospital when enlarged, to keep and handle a total of 2,000 patients.*

The annual report of the Commission on Economy and Efficiency for the year 1913 was a comparatively short one, in which, however, they promised a detailed report to follow shortly upon the functions, organization and workings of the many departments of service within the Commonwealth, to be prepared in a separate volume upon its completion in January.<sup>1</sup> Much of the space in the annual report was taken up in discussing matters pertaining to the institutions under the supervision of our Board. I extract the following:

#### CARE OF DEPENDENTS AND DELINQUENTS

Important as many of the other functions of government are in their relation to the administration of affairs in the Commonwealth, the problems involved in such work as is under the supervision or control of the State Board of Insanity, the State Board of Charity and the Prison Commissioners, and the tremendous demands they are making upon the taxpayers of the Commonwealth for continued maintenance and constant enlargement and development, have led the commissioners to believe that the most pressing question for their first consideration and for legislative action is the care of dependents and delinquents. Hence, there has been given to this problem the first attention and the larger part of such consideration as the commissioners have been able to give in the time at their disposal to the important problem of more efficient and economical administration.

This investigation of the different State institutions, to be treated in a special report having to do with the "care of delinquents," will cover a wide range of matters of vital interest to the Commonwealth, among which are the following:—

#### *Institutional Accounting*

It was early discovered by the commissioners that the system of accounting is open to considerable criticism. The recommendations to be made by the commission for improved methods will be based upon information obtained by a careful investigation on the part of the commissioners, whose findings abundantly justify the belief that much more could be accomplished than has been in developing an adequate and uniform system of accounting in all of these institutions, out of which the public might obtain accurate information for making sound comparisons and forming well-grounded conclusions. Today no accurate comparisons can be made. No reliable conclusions can now be formed because of the large amount of guesswork governing many

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<sup>1</sup> See Chapter XIX.

of the reports rendered by the officials in charge of different State institutions, and, further, because of arbitrary rulings and ratings made by the central Board having oversight of the different institutions. Details of the discrepancies found will be set forth and suggestions made, which it is believed may help in improving present conditions.

#### *Inmate Labor*

The question of the employment of State wards in different forms of labor is one of the most vital that the State can take up at the present time. There are many people who believe that such patients as are fitted, physically and temperamentally, to perform work which is efficient and of value to the Commonwealth, should receive recompense, to be devoted in turn to maintaining their families at home. Whatever may be the final disposition of this particular view of the question, there is not the least doubt but that some method should be employed which would show the value of inmate labor now applied to the many different forms of activity found in State institutions.

#### *Construction of Institutional Buildings*

The construction of buildings at the different State institutions has gone on in a haphazard manner. There is nothing uniform about the planning or the method of constructing, and the unit cost of buildings developed under the present system, for the same sort of service, varies nearly 100 per cent between different institutions. There is a serious waste in the high unit cost which demands drastic action, and recommendations will be made by the commission to change the extravagant methods followed in some of the institutions.

#### *Institutional Farming*

"Farm efficiency," as far as the management of many of the State institutions is concerned, is an unknown phrase. Bookkeeping methods are so faulty in many of the institutions that it is impossible to find satisfactory data for a basis of farm reports. As accurate figures as can now be furnished will, however, be presented, showing the cost of producing milk, which is one of the most important products of the farm. The wide variation noted in the different details going to make up the final cost as reported will emphasize the varying degrees of efficiency in different institutions, which mark the conduct of these important parts of the State's service.

#### *Quality of Food*

The question as to whether or not the quality of food furnished the different wards of the State is as high as it should be demands careful thought and consideration at the earliest opportunity. With separate purchasing agents for each institution, it is easy to have many different standards, any one of which might be satisfactory to one critic, while to another it might be considered of inferior quality. This whole matter is very largely involved in the larger subject of a central purchasing agent and the standardization of supplies, to be taken up in a special report.

*Consolidation of Departments*

The Commission on Economy and Efficiency will recommend, in the special report dealing with this problem, a comprehensive plan for the reorganization of all departments having to do with the care of delinquents. Each succeeding year the problem of directing the work of treating different forms of disease, and the problems associated with the correctional or other institutions, more clearly demand a uniform system of administration and control.

Sixteen boards of trustees, directing the affairs of twenty-nine different institutions, and eleven State departments of service, exercising a greater or less control over all the different forms of delinquents, make a divided authority in charge of this important work and of the enormous expenditure of money involved.

Many of the institutions perform similar work, but, because of the different points of view held by the several Boards in control, marked differences in efficiency are to be noted.

In several of the institutions a number of different Boards have greater or less control, so that it is difficult to entirely eliminate conflict of authority, frequently noted in dealing with a single problem.

In 1913 the sum of \$5,557,800.14 was appropriated for maintaining the 29 different institutions considered under this head. In addition to this sum there was appropriated the further sum of \$1,522,152.93 for new buildings and equipment to care for the growth of the different institutions. The central oversight which the State exercised over the expenditure of the larger part of this money was left practically to the Board of Insanity and the Board of Charity; but the indirect and superficial oversight which marks the work of these two Boards leads the commission to believe that there is at the present time no adequate clearing house, either for ideas or business methods, to bring about an efficient and economical administration of these important public services. In addition to the above sums, \$1,267,207.33 was appropriated directly for the Boards of Insanity and Charity and other offices concerned with the care of delinquents for the work of administering their own immediate departments.

The trustees of the different institutions are by law the actual controlling force in the administration of the affairs within their separate institutions. It is true that there is more or less of a veto power conferred by law upon the Board of Insanity and the Board of Charity, but it is a power that seldom runs in conflict with the authority vested by law in the particular Board of Trustees, and so superficial and indefinite does this control appear that there would seem to be no possible way for clearing the situation, except by making a complete readjustment of the management of these institutions.

The Commission on Economy and Efficiency will recommend, in detail, such a reorganization of all these Boards as will center the administrative work entirely in the hands of one administrative Board.

Careful consideration and investigation are being given to the establishment of such Boards of visitors as may be helpful forces in determining par-



ticular policies which should prevail in individual institutions dealing with particular problems. These visiting Boards should, however, be carefully selected, with the one thought in the mind of helping in the medical and correctional policies rather than in any direct relation to the business administration of the institution.

The commission is fully convinced that only by a complete separation of the business administration from the medical and correctional administration can proper methods be applied and the best results secured, either from the standpoint of the benefit of the 22,000 inmates, or a proper regard for the expenditure of nearly one-half of all the money raised by the annual tax levy of the Commonwealth.

. . . . .

#### CENTRAL PURCHASING AGENT

The question of better prices is the primary cause for considering better methods in purchasing, but this phase is not the only thing to be considered in taking up the problem. There is not the least question but that advantages would accrue through the establishment of a central purchasing agent, with control over the requisitions from all the different departments of service within the Commonwealth, provided no extra expenses were to be incurred than those connected with operating the necessary office force to carry out such a business.

The position of the State Board of Insanity at the end of my first year of service can best be summed up by quoting from the abstract of its fifteenth annual report, which was presented to the Governor and Council in January, 1914:

Since the opening of the Wrentham State School in 1907, special attention has been paid to its development, following a definite plan outlined. In view of the fact that this school will have been enlarged, by 1915, to the capacity originally planned, and that at least three years will elapse before buildings can be made ready to accommodate those patients, numbering approximately, 1,200, who are now on the waiting lists of the two schools for the feeble-minded, this Board recommends the establishment of *a new school for the feeble-minded*, to be located in the western part of the State.

. . . . .

#### COMPLETION OF THE BOSTON STATE HOSPITAL

This hospital was formerly owned by the city of Boston, and following a special report of this Board to the General Court in 1908, as to the best method of providing for the insane, the Legislature made provision for pur-



chase of the then so-called "Boston Insane Hospital" from the city of Boston. On December 1, 1908, it passed into State care, and has since been known as the Boston State Hospital.

The Board employed expert assistance in making a study of the institution, and a comprehensive plan of development was outlined, which is essentially being followed in developing the present hospital into the infirmary branch of the Boston State Hospital.

On December 1, 1908, it had a capacity for 764 patients. Its present capacity, inclusive of the psychopathic department, is 1,287. During the past year there were 1,510 commitments from Boston to hospitals for the insane, of which but 966 were made to the Boston State Hospital because of the restrictions which have of necessity been placed upon admissions to it. Such restrictions will be necessary until sufficient accommodations are provided. The Board believes that this hospital should be rapidly enlarged.

#### THE METROPOLITAN DISTRICT

The State Board of Insanity has considered the needs of the Metropolitan district, as outlined in its special report to the Legislature of 1913. For the year ending October 1, 1913, there were 2,154 commitments from the Metropolitan district to the hospitals for the insane, and, as stated above, but 966 of these were made to the Boston State Hospital. At present it is necessary to send patients from this district to either the Danvers, Worcester, West-borough or Taunton hospitals, all of which are at so great a distance that relatives and friends of patients find it difficult to visit them.

There are now in institutions outside of Boston over 4,000 patients who are residents of the Metropolitan district, many of whom, because of the interest of friends, and because of the expense and difficulty of visiting them, should be at a hospital within a reasonable distance. "Nearness to the hospital promotes frequency of visitation, which encourages the patients and serves to maintain and stimulate the interest of friends. The sympathy of the latter leads them to provide many comforts which would be forgotten without the reminder of their presence."

To satisfy the just demands of the metropolitan district will require the rapid growth of the present Boston State Hospital and the establishment of a second hospital for this district. It is the opinion of the Board that a considerable area of land should be purchased, and that the buildings of this institution be constructed on the cottage or colony plan, to conform to modern methods of caring for the insane. The Board therefore recommends an appropriation of \$100,000 for the purchase of land for the establishment of a hospital for the insane in the Metropolitan district.

#### SOCIAL SERVICE, ETC.

While social service, eugenics work and industrial therapy have been developed to a considerable degree in every institution, each one of these is of great importance and, in the opinion of the Board, should be actively developed. The Board expects to employ an organizer of social service work,

who will correlate the work at all of the institutions. Further work in eugenics should be encouraged in those institutions in which it is particularly indicated; *i.e.*, admitting hospitals, the schools for the feeble-minded and the hospital for epileptics. The importance of industrial training has long been understood, but only in recent years has it been actively used as a therapeutic agent, and we believe that this method of treatment should be more thoroughly developed under a director of industries, which this department employs.

#### NURSES AND ATTENDANTS

While the various institutions under the supervision of the Board are being constantly confronted with problems requiring special effort to solve, we would like particularly to call your attention to the difficulty which nearly all of our hospitals experience in obtaining a satisfactory grade of nurses and attendants. While each institution has, in past years, found it very hard to maintain a standard of nurses and attendants, there is a constantly increasing difficulty in obtaining the required number, which now is far more difficult than ever before. At the present time the institutions, probably without exception, would add at least one-third to the number of their nurses if they were able to obtain them. This matter is receiving special study and attention by those most interested, with the hope that some solution can be found to this, the most difficult problem the institutions are facing. A considerably larger amount of money must be provided if this problem is to be satisfactorily solved.

#### CHANGING THE CHARACTER OF MEDFIELD STATE ASYLUM

The Board has conferred with the trustees of the Medfield State Asylum relative to the advisability of changing the character of the institution to an admitting hospital for the insane, for the convenient admission of patients in this district. The Board, accordingly, recommends this change.

In conclusion, the Board submits the following summary of recommendations:—

1. Rapid development of the Boston State Hospital.
2. Establishment of a new hospital in the metropolitan district.
3. Establishment of a colony for the insane near Pittsfield.
4. Establishment of a new school for the feeble-minded.
5. The need of a larger number and better quality of nurses and attendants.
6. Further development of social service and eugenics work.
7. Further development of occupational work.
8. Changing the character of the Medfield State Asylum to an admitting hospital for the insane.

I did not agree to the recommendation for a colony near Pittsfield.

A month before his inauguration Governor-Elect David I. Walsh had written me the following letter:

WALSH & WALSH  
ATTORNEYS & COUNSELLORS AT LAW

DECEMBER 9, 1913.

Dr. L. VERNON BRIGGS, 64 *Beacon Street, Boston, Mass.*

DEAR DR. BRIGGS:—Acknowledgment of your congratulatory note of November 25th was delayed because of my absence from the State. I have had in mind for some time arranging for an interview with you, and only yesterday wrote our mutual friend Councillor Watson to see you and Dr. O'Meara and arrange for a conference at my house in Clinton on Thursday of this week. I suppose that Mr. Watson has got in touch with you by this time.

Thanks for your well wishes for a successful administration and your offer to give me the benefit of your experience in helping make my administration a successful one.

Yours very truly,

DAVID I. WALSH.

This gave me an opportunity to put my plans before the incoming Governor, and I felt myself fortunate in having his ear before he went into office, as I had also been fortunate in the constant kindness and co-operation of my good friend Governor Foss. I accordingly had a conference with Mr. Walsh (to which Dr. O'Meara did not come), and he asked me to put in writing the suggestions which I made in the course of our conversation, to which he listened most attentively.

This resulted in my getting together with Mr. Hall and discussing certain recommendations which we wished to make to the Governor in addition to those set forth in the annual report of the State Board. Mr. Hall wrote me his own version of the recommendations to be made to Governor Walsh. These, in the main, agreed with my own ideas, and I drew up the suggestions, which received his approval before I sent them to the Governor. Mr. Hall's letter and the draft of suggestions follow. The draft embodies the suggestions as finally sent to the new Governor.

JAMES M. W. HALL  
101 MILK STREET  
BOSTON

JANUARY 1, 1914.

DEAR DR. BRIGGS:— The enclosed is a somewhat hurried paper I have prepared for you and me to consider. Suppose you look it over and if I should not see you today, we will get together and perhaps we can arrange to lunch together tomorrow, and in the meantime will you scratch out anything of what I have written which you think should be changed and substitute whatever in your judgment should be in place of the same.

I feel very strongly that we want without criticising our associates, yet to put ourselves on record as to the policy we believe should be pursued, and your technical knowledge of these matters is invaluable to the Board in whatever matters of reform must be instituted and carried out.

Yours very truly,

JAMES M. W. HALL.

To DR. L. VERNON BRIGGS,  
*64 Beacon Street, Boston, Mass.*

DR. L. VERNON BRIGGS' SUGGESTIONS RELATIVE TO IN-  
SANITY MATTERS. SUBMITTED AT GOVERNOR DAVID  
WALSH'S REQUEST

No. 1. State Board of Insanity

The State Board of Insanity should have more than supervisory power, as is the case today.

It might be well to reorganize the same by substituting a new board with more authority, composed of five members, two to be physicians who are qualified mental experts, a lawyer, a business man and a woman with intimate knowledge of the needs of the unfortunate mental sick. The members of this Board shall have an executive officer. This executive officer shall be appointed by the *Governor and be a big man*, with a salary in keeping with his ability. The members of the Board shall be paid a nominal per diem salary for actual attendance at meetings.

No. 2. State Hospitals

The several State hospitals should be reorganized and the treatment and care of the patients raised to a higher standard.

The superintendents and physicians should keep in closer touch with the patients, nurses and attendants. It was proven at the recent hearing at the Worcester State Hospital (and this is likely to be true of other hospitals) that the staff of physicians and the superintendent of nurses did not have any idea as to what was going on in the wards.

**No. 3. Training Schools for Nurses — Attendants**

The training schools at the hospitals should be thoroughly reorganized. The curriculum should be made more attractive and the standard of nurses raised.

Some plan should be devised for the employment of a higher grade of attendants than are now at the hospitals.

**No. 4. Social Service — After-Care**

For the prevention of insanity and after-care of the insane social service work should be extended.

With proper social service work and a proper boarding-out plan, probably close to 1,000 patients now at the several State hospitals could be taken care of outside of the hospitals and at a much less expense to the Commonwealth.

**No. 5. Hospitals for Insane Criminals**

A person convicted of drunkenness, vagrancy or any misdemeanor, who is insane, should not be committed to the same hospital as insane murderers, robbers and other hardened insane criminals, as is the case today.

**No. 6. Tewksbury Insane Patients**

No insane patient should be cared for at the Tewksbury Almshouse as a pauper, as is the case today.

**No. 7. Commitments**

The present method of commitment of the insane is too lax and conducive to false commitment, and should be revised and strengthened.

**No. 8. New Metropolitan Hospital for Greater Boston**

There are nearly 4,000 Greater Boston patients now distributed throughout the State in hospitals far removed from the Greater Boston district.

This unequal and unfair distribution makes it prohibitive for many of the relatives and friends of these patients to visit them, owing to the loss of time and the expense entailed in travel to the far-away hospitals where these patients are cared for.

When the Boston State Hospital at Mattapan is completed it will take care of 2,000 of these patients. This hospital will then have twice the number of patients now generally accepted as the maximum number to be taken care of under one Board of Trustees and superintendent, and this will still leave over 2,000 of Greater Boston patients to be taken care of in hospitals which are at a great distance from their relatives and friends.

It is therefore plainly evident that another hospital should be located in the Greater Boston district, and where land is cheap, upon which a new hospital could be built according to the most modern and up-to-date plans and ideas.



Under no circumstances should any plan be entertained for the care of more than 2,000 patients at the Boston State Hospital.

When provisions are made within the Greater Boston district for the care of its patients, the hospitals outside of this district will be relieved of further expense for land and buildings for many years.

#### **No. 9. Psychopathic Hospital**

The Psychopathic Hospital on Fenwood Road is for the temporary care of acute cases, and being far removed from the Boston State Hospital at Mattapan, and run on an entirely different basis, being purely for scientific and not custodial purposes, should be divorced from that hospital and placed under a separate Board of Trustees and superintendent.

#### **No. 10. A Small Hospital for Western Massachusetts**

The counties of Franklin, Berkshire and Hampshire are sadly in need of a small hospital for many of the reasons referred to relative to the new hospital for the Greater Boston district, herein mentioned.

These special suggestions Governor Walsh took up, together with the annual reports of the Commission on Economy and Efficiency and of the State Board of Insanity (in which latter the recommendations were, of course, those of the whole Board).

In his inaugural address, delivered on January 8, 1914, Governor Walsh referred but briefly to the care of the insane, but what he had to say was to the point, and shows clearly that he had been sincere in asking my advice and had given ear to the suggestions which I had framed, as well as to the report of the Commission on Economy and Efficiency. I quote the following brief paragraphs from the Governor's Address — the only statements he made bearing directly upon our problems:

#### **INSTITUTIONS**

In order that supplies for the various institutions may be standardized and that the State may receive the benefit derived from buying in large quantities, I recommend at this time that there be established a central purchasing agency for all the State departments and institutions, and that careful study

be given to plans for reorganization under a central administrative body, — a method of administration which has been adopted with marked success in several states, with great saving to the public treasury.

#### CARE OF INSANE

The powers of the State Board of Insanity, which are now merely supervisory, should be extended in order that the Board may have a greater measure of control over the conduct and management of institutions under their charge. The several State hospitals should be reorganized, and the treatment and care of the patients raised to a higher standard, and this reorganization should include the training schools at the hospitals, that the curriculum may be made more attractive and the standard of nurses raised. Conditions demand, even though it involves a larger State expenditure, that a higher grade of attendants be secured to care for this unfortunate class of charges of the State, and social service work should be extended for the prevention of insanity and after-care of the insane.

In accordance with the recommendation made in the annual report, our Board submitted the following bills to the incoming Legislature:

- House 765 — An Act to provide for a New School for the Feeble-Minded.
- House 766 — An Act to make the Medfield State Asylum a Hospital for the Insane and to change its Name.
- House 767 — To increase the Rate of Support for Insane Persons boarded out in Families.
- House 768 — To provide a New Board of Trustees for the Foxborough State Hospital.
- House 769 — *To provide for the Purchase of Land for a Hospital for the Insane of the Metropolitan District.*

Some of these bills called for large expenditures, and it required time for the legislative committees to get accustomed to them. Indeed, the slowness of legislative minds in recognizing new needs of the State involving large expenditures is illustrated in the case of the Metropolitan Hospital, which is now (1928) just being constructed.

## CHAPTER XVI

LEGISLATIVE WORK OF STATE BOARD OF INSANITY. — BILL FOR NEW SCHOOL FOR FEEBLE-MINDED. — MEDFIELD MADE A STATE HOSPITAL. — FOXBOROUGH MADE A HOSPITAL FOR THE INSANE. — INCREASE OF AMOUNT ALLOWED FOR PATIENTS BOARDED OUT BY THE STATE. — NEW METROPOLITAN HOSPITAL

Before taking up other matters of interest as a member of the Board, I will follow up the fate of our recommendations to the Legislature.

The bill for the new school for the feeble-minded in the western part of the State was referred to the Committee on Public Institutions on January 16, 1914. This bill, House, No. 765, provided first for the appointment of a Board of Trustees, granting them the usual powers and authorizing them to establish such a school, under the supervision of the State Board of Insanity. The act continued:

SECTION 9. The said trustees are hereby authorized and directed, with the approval of the state board of insanity, and, after the approval of the state board of insanity has been given, with the further approval of the governor and council, to take by purchase or otherwise a tract of farming or other land suitable in their judgment for the establishment of a school for the care, instruction, custody and control of the feeble-minded, whether children or adults. Said tract may include buildings or chattels thereon. In the event of the taking of said lands and buildings by the said trustees they shall file in the registry of deeds for the county and district within which the same are situated a description of the lands and buildings so taken, with a statement, signed by said trustees or a majority thereof, that the same are taken under the provisions of this act in the name and behalf of the commonwealth; and the act and time of filing thereof shall be deemed to be the act and time of the taking of such lands and buildings, and shall be a sufficient notice to all persons that the same have so been taken. The title to all lands and buildings so taken shall vest absolutely in the commonwealth and its assigns forever. The commonwealth shall be liable to pay all damages sustained by the owners of such lands or buildings by reason of the taking thereof. Said trustees shall have full power, subject to the approval of the governor and

council, to settle by agreement or arbitration the value of the lands and buildings taken as aforesaid; and if not so settled the value shall be assessed by a jury at the bar of the superior court for the county in which the lands and buildings are situated, upon petition, to be filed in the office of the clerk of said court by the persons owning said lands and buildings, within one year after such taking and not afterward.

SECTION 10. The trustees shall obtain plans, and, after they have acquired the land provided for by section nine of this act, they shall, with the approval of the state board of insanity, proceed to construct such buildings as may be required for the establishment of a school for the feeble-minded. They shall submit all plans for buildings to the state board of insanity for its approval, as provided by law for institutions under the supervision of said board, and shall not proceed to construct or repair buildings until such approval has been obtained. . . .

The wording of this bill shows very clearly how great were the responsibilities of the local boards of trustees.

The committee held a hearing on this bill on April 9. The "Boston Transcript" of that date reported it as follows:

#### MORE HOSPITALS WANTED

**One in Western Part of State for Feeble-Minded Children and One in or Near Boston for the Insane Advocated Before Legislative Committee**

The Legislative Committee on Public Institutions was urged today to report a bill for the establishment of a school for feeble-minded children in the western part of the State. It was pointed out by several speakers that there are many feeble-minded children in the western counties who cannot be taken care of properly because there is no school for them, and the State school at Waltham is so far away that parents hesitate to send their children there. Dr. Walter E. Fernald, the superintendent of that school, said that he has a large number of such children from the western part of the State, but does not get all that should be taken care of; they should have a school nearer home, where their relatives could afford to visit them. F. G. Wheatley, chairman, and Charles E. Ware, secretary of the Board of Trustees of the school at Waltham, also favored the bill. George E. Dawson, director of the psychological laboratory of the public schools in Springfield, and several other men from the same city, urged the passage of the bill. It provides for the expenditure of \$800,000 in five years for the construction of a school for feeble-minded. There was no opposition and the hearing was closed.

The resolve for the purchase of land for about \$100,000 for a hospital for the insane in the metropolitan district was favored by the law department of

the city of Boston, by Councillor Watson, by Dr. L. Vernon Briggs and Dr. Charles E. Thompson of the State Board of Insanity. They said that the Board was unanimously in favor of it.

There was another hearing on April 23, before the Committee on Ways and Means, at which the members of the State Board appeared and presented a strong plea for the immediate establishment of the new school, but important as this matter was felt to be by all of those in a position to judge, that of the *provision for the insane in the Metropolitan district was considered still more important*. The new school for the feeble-minded was not established until 1922, though the land was purchased in February, 1916, by our reorganized Board. Under the new organization the relative powers and duties of the Board and of the Trustees were almost reversed, and consequently a Board of Trustees for the new school was not necessary until the organization was completed.

Our bill to make the Medfield State Asylum a hospital for the insane and to change its name was passed without much opposition, and was approved on April 28, 1914, becoming chapter 442 of the General Laws of 1914, as follows:

AN ACT TO MAKE THE MEDFIELD STATE ASYLUM A HOSPITAL FOR THE  
INSANE AND TO CHANGE ITS NAME

*Be it enacted, etc., as follows:*

SECTION 1. The Medfield state asylum is hereby made a state hospital for the care of the insane and shall be subject to all the provisions of law applicable to such state hospitals.

SECTION 2. The name of the Medfield state asylum is hereby changed to the Medfield State Hospital.

SECTION 3. Section fourteen of chapter five hundred and four of the acts of the year nineteen hundred and nine is hereby amended by striking out the words "Medfield State Asylum", in the twenty-seventh line, and inserting in place thereof the words:— Medfield State Hospital.

SECTION 4. This act shall take effect upon its passage. [Approved April 28, 1914.



This was the first of several such changes which, as a member of the Board, I started and was able to effect, and it was an important step in the policy which *I advocated to do away with all of the old asylums*. For some years I had been distressed when I saw patients dreading removal from State hospitals to the State asylum, — especially at Worcester, where at regular intervals conveyances backed up to the building to remove the chronic patients to the Grafton State Asylum. When these conveyances drove up the avenue patients would run to the windows, and the expressions of terror in their faces were pitiful to behold; for no one was notified in advance, and the "Come with me!" given to the patients on different wards while the omnibus was waiting meant the same to them as "Your case is hopeless; you are going to be buried with a lot of chronics until you die!"

Is it any wonder that patients in all State hospitals lived in mortal fear that they would be called upon — perhaps that very day — to make this pilgrimage into a banishment from which there was no return? With the changing of these institutions to admitting hospitals, and the Board's arrangement for each hospital to take care of its own chronic patients, this reign of terror was ended, and no patient was afterwards made to feel that his case was hopeless. Before I left the Board, in addition to the Medfield Asylum, the Gardner Colony and the Grafton Colony were converted into admitting State hospitals, and the old Worcester Asylum, of which the Grafton Colony was originally a part, was abolished.

It was also interesting later to compare the atmosphere of the former chronic asylum types of institu-

tions with the same institutions after they became State hospitals. Not only was the morale of patients and of nurses much higher, but the physicians also, who had previously had to do only with terminal cases and had grown discouraged and disheartened in their work and become thoroughly institutionalized, took on new life and were filled with professional enthusiasm.

Thus we established our policy to do away with all custodial institutions. The Medfield State Hospital is now one of our best mental hospitals. In the trustees' annual report for the year 1914 their appreciation of this progressive measure is shown:

The very grateful change of the institution from asylum to hospital, consummated on April 28, makes new demands upon the medical staff, which must gradually be increased, that time for keener observation may be given and more thorough knowledge gained of the physical condition of each one of the more than 600 patients under their care whose aberration of mind does not lend itself to a speedy examination on the part of the physician. . . .

This Board had for its chairman Dr. George O. Clark, and Dr. Albert Evans was also one of its members. These two physicians, though not themselves mental specialists, had a keen understanding of the needs of the unfortunates under their supervision, and took much interest in developing the institution and in encouraging a higher standard of medical service to the community; and Dr. Clark has continued until the present writing to give his services to the hospital as surgeon, and has there performed a great many successful operations.

One of the more important of our recommendations to the Legislature concerned the Foxborough State Hospital. This hospital, although originally intended for the treatment of inebriates, had a mixed population.

In the annual report for 1913 we find that the average daily population of 414 patients consisted of 211 inebriates and 203 insane. This mixture of classifications was felt to be unscientific and bad for both classes of patients. Accordingly, our Board submitted recommendations for legislation to transfer the inebriates to the new Norfolk State Hospital, under the charge of the State Board of Charity, and to establish the Foxborough State Hospital on the same lines as the other State hospitals. Our bill to provide for a new Board of Trustees for the Foxborough State Hospital became a law on April 15, 1914, and an act relative to the commitment of dipsomaniacs, inebriates or persons addicted to the intemperate use of narcotics, to provide for the commitment of these people to the Norfolk State Hospital and not to any hospital for the insane, was passed on May 22, 1914.

The new organization at Foxborough went into effect in August of that year, and Dr. Albert C. Thomas<sup>1</sup> was appointed superintendent by the new Board of Trustees, on the recommendation of the State Board of

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<sup>1</sup>Dr. Thomas was one of the most progressive and scientific men we ever had in the service, and his death on September 3 of this year (1928) has been a great loss to the State.

Albert C. Thomas was born in New Orleans. He received his degree of Bachelor of Science from Wittenburg College, Springfield, Ohio; his M.D. from the Baltimore Medical College, after which, in 1899, he served as an interne in the Maryland Lying-in Hospital in Baltimore. Afterwards he became especially interested in psychiatry, and spent a year at the Bay View Asylum in Baltimore, after which he was appointed to the staff of the Worcester State Hospital and then was put in charge of the Connecticut Hospital for the Insane, where he remained until 1912. He then spent two years as superintendent at the New Haven Hospital, from which he went to Foxborough in 1914.

In 1900 he married Miss Eva Hopkins of Bridgeport, Connecticut. She died in 1918, leaving a son, Albert C. Thomas, Jr., Yale, '28, who lives in Greenville, S. C. Dr. Thomas was president of the Mansfield Rotary Club and the Franklin Country Club and was a member of the Boston City Club and of the Fifth Maryland Regiment of Baltimore.

In his fourteen years' service as superintendent of the Foxborough State Hospital he has done more than any other man in the State to bring the hospital into close relation with the community, and his weekly clinics were attended by many residents of Foxborough who sought the same advanced treatment for their complaints that he was giving the mentally ill patients in his hospital.

Insanity after its reorganization — of which more later.

On December 24, 1913, Dr. O'Meara and I had been chosen a committee, with power to act for the Board in the matter of recommending to the Legislature an increase in the rate of board of patients in family care from \$3.20 to \$3.75 a week. We submitted a bill to the Legislature of 1914, which was passed on May 22, and became chapter 493 of the General Laws:

AN ACT TO INCREASE THE RATE OF SUPPORT FOR INSANE PERSONS BOARDED  
OUT IN FAMILIES.

*Be it enacted, etc., as follows:*

SECTION 1. Section seventy-one of chapter five hundred and four of the acts of the year nineteen hundred and nine is hereby amended by striking out the word "twenty-five", in the last line, and inserting in place thereof the word: — seventy-five, — so as to read as follows: — *Section 71.* Any patient in an institution, public or private, used wholly or in part for the care of the insane, who is quiet and not dangerous nor committed as a dipsomaniac or inebriate, nor addicted to the intemperate use of narcotics or stimulants, and who is under the supervision of the state board of insanity, may be placed by said board if it considers it expedient, at board in a suitable family or place in the commonwealth or elsewhere. Any such patient in a public institution used wholly or in part for the care of the insane may so be boarded by the trustees thereof, and such boarder shall be deemed to be an inmate of the institution. The cost to the commonwealth of the board of such paupers shall not exceed three dollars and seventy-five cents a week for each person.

SECTION 2. This act shall take effect upon its passage. [*Approved May 11, 1914.*]

It seemed very short-sighted for the *State to expect isolated individuals to take care of its patients at a less cost than the per capita cost of maintenance in the institutions, which was \$4.41 a week per patient. The result of this system has been that it has been increasingly difficult to board out patients in the community, and that many persons are kept in our State hospitals who might be better cared for and much happier in a more normal environment.* The following year (1915) we adopted

the policy of transferring patients who had been previously boarded out by the State Board of Insanity in different parts of the State to be boarded out in their own districts, under the supervision of the hospital authorities of their district. This, with the slightly larger allowance for their board, resulted in a great temporary increase of the number of such patients under supervision in the community. I shall refer to this matter again in its proper place; *I feel that it is still a most important question.*

*The most important matter taken up by the State Board in 1914 was the question of the purchase of land to build a new Metropolitan Hospital for mental cases.* The need for increased accommodation in the Metropolitan district was becoming very evident to all who were in close touch with the situation. In my study of the institutions I found that very little attention had previously been paid by the Legislature or State authorities to the placing of patients in near-by hospitals so as to save the expense and time of their relatives in visiting them. That was one of the main reasons for recommending a new Metropolitan Hospital to be built within a five or ten cent carfare distance of Boston.

Boston patients at that time were sent to all the State hospitals; the nearest accommodation when the Boston State Hospital was already overcrowded was Danvers, nineteen miles away, and the farthest Northampton, a distance of one hundred and sixteen miles. Besides the expense of over \$5 for a round trip ticket to Northampton, seven hours and a half often of wage-earning time were consumed in going and coming, to say nothing of the time spent on the visit. As the



hospitals did not receive visitors on Sundays, this meant that the visitor had to sacrifice a day's pay, besides being at an expense for fares, and in making the visit he might lose his position or disorganize the work for which he was responsible. Consequently, many patients were unvisited and lost touch with their families and friends.

*The limitation of the size of State hospitals seemed to me a matter of prime importance, and I felt that the Boston State Hospital, though it was not completed, was already growing unwieldy, and that another hospital within the Metropolitan district must soon be developed unless we were to continue the unwise policy of sending patients from the Metropolitan area to other parts of the State.*

As early as May 29, 1913, Governor Foss sent me the following letter from the Commissioner of Economy and Efficiency, showing that the commission were not blind to the situation in the Metropolitan district:



THE COMMONWEALTH OF MASSACHUSETTS,  
COMMISSION ON ECONOMY AND EFFICIENCY  
ROOM 110, STATE HOUSE

FRANCIS X. TYRRELL  
JOHN E. WHITE

ERNEST H. MALING, *Secretary*

BOSTON, May 29, 1913.

TO HIS EXCELLENCY EUGENE N. FOSS, *Governor, State House, Boston.*

DEAR GOVERNOR FOSS:—I am enclosing a statement showing the distances and running time between Boston and the State institutions under the supervision of the State Board of Insanity. These figures were prepared for the purpose of showing the expense and time involved when persons living in the Metropolitan district wish to visit any friends or relatives in these State institutions.

In view of the importance of having institutions for the insane and feeble-minded readily accessible to the relatives of the inmates, it is evident that

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provision should be made for caring for the mentally defective citizens of Boston and neighboring cities and towns at institutions within the Metropolitan district.

Very truly yours,

FRANCIS X. TYRRELL,  
*Commissioner.*

## DISTANCES AND RUNNING TIME

INSTITUTION	Distance (Miles)	Round Trip Fare	Running Time	Time Con- sumed
			hrs. min.	hrs. min.
Danvers State Hospital . . . . .	19	\$0 92	— 54	1 48
Foxborough State Hospital . . . . .	29	1 20	— 50	1 40
Gardner State Colony . . . . .	65	3 10	2 9	4 18
Massachusetts School for the Feeble- Minded, Waltham . . . . .	10	34	— 31	1 02
Medfield State Hospital . . . . .	20	88	1 —	2 —
Monson State Hospital . . . . .	84	4 06	2 20	9 —
Northampton State Hospital (via Boston & Albany Railroad) . . . . .	116	5 66	3 47	7 34
Taunton State Hospital . . . . .	37	1 66	1 7	2 14
Westborough State Hospital . . . . .	32	1 46	1 3	2 06
Grafton State Hospital (Colony) . . . . .	32	1 46	1 3	2 06
Worcester State Hospital . . . . .	45	2 08	1 17	2 34
Wrentham State School . . . . .	27	1 16	1 4	2 08
Hospital Cottages for Children at Baldwin- ville . . . . .	71	3 40	2 24	4 48

The Legislature of 1912 had (chapter 105, Resolves of 1912) directed the State Board of Insanity, then under the chairmanship of Dr. Howard, "to investigate and report to the next General Court, not later than January 15 (1913), as to the needs of the insane of the Metropolitan district and the best method of providing for the same, and, together with the Trustees of the Boston State Hospital, to make such recommendations as shall be deemed necessary or expedient relative to the development of the Boston State Hospital."

The Board made the following report. When I went on the Board I found no active work being done to accomplish anything, but rather excellent recommendations and a lot of talk.

The population of the city of Boston, according to the census of 1910, was 670,585, while the cities and towns in the Metropolitan district, exclusive of Boston, had a population of 707,850.

During the past year there were 1,035 commitments from Boston, and 583 commitments from the other cities and towns of the Metropolitan district. At the present time there are about 3,900 patients in institutions outside of Boston who are residents of the Metropolitan district, many of whom, because of the interest of friends and relatives, and because of the expense and difficulty of visiting them at a distance, should, with justice be at a hospital within a reasonable distance of their homes or within a ten-cent carfare of Boston.

The present capacity of the Boston State Hospital is 1,154. It will at once be seen that restrictions must of necessity be placed upon admissions to this institution. The State Board has restricted admissions to this hospital to "Insane persons who have been residents of Boston five years or more, and of such persons only those who have relatives actively interested in them and will visit them frequently."

Because of the limited accommodations, this period of residence may be still further increased. Such restrictions will be necessary until sufficient accommodations are provided at the Boston State Hospital. Rapid extensions at this hospital are necessary until it has reached a capacity of probably not less than 2,500 patients. Other extensions may then be made by the development of a colony in the country on less expensive land, which should, however, be within a 25-cent carfare, that relatives and friends may visit conveniently.

It appears, however, in spite of such development, that conditions demand the establishment of a second metropolitan institution, perhaps of the colony type, but equipped to care for the acute as well as the chronic insane, to which patients from the Metropolitan district would be committed. At present it is necessary to send patients from this district to either the Danvers, Worcester, Westborough or Taunton hospitals, all of which are at so great a distance that relatives and friends find it difficult to visit them.

Accessibility of patients to their relatives and friends, except in certain cases, is highly desirable, both from the standpoint of the patient and that of the relatives. It is a distinct benefit to the patient and a source of gratification to the relatives to see each other often. Many relatives, either because of their necessary occupation or because of the expense of traveling, find it very difficult to visit at a distance, and this feature is being almost daily brought forward in numerous requests that patients may be sent to

the Boston State Hospital, or that they may be returned there from other institutions. Because of limited accommodations at Boston it has been impossible to grant these requests, although it is difficult for relatives to understand why, feeling as they do that the patient should be near them.

As outlined in the Board's report of 1908, nearness of the hospital "promotes frequency of visitation, which encourages the patients and serves to maintain and stimulate the interest of friends. The sympathy of the latter leads them to provide many comforts which would be forgotten without the reminder of their presence. They are more likely to contribute to support, and are prompter in assuming care of patients when they are ready to leave the hospital. The expense of travel and loss of time of working people are much less. Hence, the observance of this principle is not only humane and considerate of the public, but conduces to material saving of money.

Furthermore, the hospital should come into closer touch with the people, be more alive to their needs, more sympathetic and responsive in meeting them; while the public should gain fuller knowledge of the purposes, methods of treatment and good intentions of the institutions, as well as keener appreciation of the great difficulties of dealing with patients with disordered senses and delusive ideas, who in sincerity may express their experience of many false sensations and their belief in imaginary abuses, which may be within the range of possibility, but, in the main, are found upon examination to be unreal and nonexistent. A better understanding of each other by closer contact would dissipate erroneous impressions and distrust, and beget mutual confidence and esteem."

The desire of relatives that patients be near them is reasonable, should be met, and will be as fast as additional accommodations become available, but to satisfy the just demands of the Metropolitan district will require rapid growth of the present Boston Hospital, and also the establishment of a second metropolitan hospital as outlined above.

The Board therefore recommends an appropriation of \$100,000 for the purchase of land for the establishment of another hospital for the insane of the Metropolitan District, according to the accompanying resolve.

Respectfully submitted,

HERBERT B. HOWARD, *Chairman,*

*For the State Board of Insanity.*

A bill was submitted but was not passed by the Legislature. Later, after my advent on the Board, our House Bill No. 765 went through the usual course in the committees and was reported favorably, but it met with spirited opposition in the House on May 15, when it was ordered to a third reading. The "Boston Herald" of May 16 reported the debate as follows:

## HOUSE ADVANCES BILL FOR BOSTON INSANE HOSPITAL

An appropriation of \$100,000 for the starting of a hospital for the insane in the Boston Metropolitan district was ordered to a third reading in the House yesterday.

Chairman Thomas W. White of the Ways and Means Committee explained that the favorable report on this matter was a mistake and asked that the bill be killed, but Mr. Lomasney of Boston and others carried the day.

Mr. Haines of Medford opposed the bill on the ground that its location was too indefinite. He also declared every place which had an insane hospital was anxious to get rid of it.

In reply Mr. Wall of Boston said the Boston city council was in favor of it, and that some place must be provided where Boston friends of the inmates could easily visit the patients.

Messrs. White of Newton and Hull of Great Barrington of the committee explained they supposed the bill had been reported against and asked the House to kill the measure.

"This State is going crazy at the rate of 500 a year," said Mr. Hall of Pittsfield, "and we must do something to house these people. Mr. Butler of Lawrence said there were so many Boston people in Danvers that Lawrence people had to be sent to far distant portions of the State."

"Now," said Mr. Lomasney, when he rose, "what are you going to do about it? Boston had an insane asylum and the State took it. We must provide for these people and I hope the bill will pass." By a rising vote, 56 to 33, it was ordered to a third reading.

The "Herald" also commented editorially in the same issue:

## TAKING CARE OF OUR MENTAL DEFECTIVES

The statement that "our State is going crazy at the rate of 500 a year," delivered in yesterday's debate in the House on the appropriation for a Boston insane hospital, presented graphically, if not with entire accuracy, Massachusetts' plight today. Our asylums and homes for the feeble-minded are crowded to capacity. Their appropriations have not kept pace with the increased demands made upon them. Massachusetts is not taking care of her mentally deranged so well as she did twenty years ago. It is purely a problem in finance.

Boston needs the new hospital and similar accommodations are needed elsewhere in the State. Ten thousand feeble-minded are at liberty, most of whom ought to be under restraint. Unless proper care is taken of them they will bring more defectives into the world. Contrary to common belief, this is not only a problem of the congested city. The sparsely settled regions in Berkshire and Franklin counties have their full quota of feeble-mindedness.



The delusion prevails that "under the blue sky and amid green pastures" such things do not exist. And this belief is in a measure responsible for the situation.

This appropriation was granted in June, as chapter 140, Resolves of 1914, but the actual purchase of the land was not made until after the reorganization of our Board, which was at that time pending. I will take up this matter again in its proper place. In measures calling for such large expenditure it requires time for legislative committees to get accustomed to them. As is illustrated in this case of the Metropolitan hospital, the necessity for such a hospital was so crying in 1914 that the appropriation was made to purchase the land, yet the appropriation of *money* necessary to build the hospital was only forthcoming in 1927. I feel sure, however, that had the war not intervened, with its necessary cutting down of all new construction and its consequences so far-reaching in the cost of new building, we should have had this hospital long before this.

The other matters of legislation favored by our Board in 1914 I shall take up in another chapter, especially certain bills in which I personally was interested at that time.

## CHAPTER XVII

ROGER WOLCOTT APPOINTED TO THE BOARD. — EPISODE *re* TAUNTON STATE HOSPITAL REPORTS. — REPORTS OF VISITS TO SEVERAL STATE HOSPITALS GIVEN TO SHOW CONDITIONS IN THESE HOSPITALS UNDER AN UNPAID BOARD

Early in January, 1914, Governor Walsh had consulted me in regard to the appointment of a new member to the State Board of Insanity, to succeed Mr. William F. Whittemore, who, to my regret, felt obliged to resign for business reasons, and had sent in his resignation eight months before the expiration of his term, after long and faithful service to the State, in order that the Governor might appoint a new member at the beginning of his administration. The Governor told me that Roger Wolcott, son of our late Governor Wolcott, who for several years had been a member of the lower house, had asked for an appointment on our Board, but that he should not make this appointment unless it met with my full approval. He said that he had also told Mr. Wolcott that if he was on the Board he must not oppose me or my plans, in which Governor Walsh fully believed, but that he must support them. I was somewhat doubtful, and Governor Walsh said that he would send Mr. Wolcott to me and would tell him that he must satisfy me as to his loyalty and agree to support the policies which I had inaugurated. The Governor also said he would not appoint him until he had heard from me. True to his word, Governor Walsh did send Roger Wolcott to my house, 64 Beacon Street, where Wolcott assured

me that he believed in the policies which I had submitted to Governor Walsh for improving the State care and treatment of the mentally ill, and that I might rest assured that he would support these recommendations and not be, as I had some reason to fear, a disturbing element on the Board. With this assurance I telephoned Governor Walsh that I thought it would be all right to appoint Mr. Wolcott in the place of Mr. Whittemore.

In my interview with Mr. Wolcott I reminded him of the negative attitude he had taken toward my measures when he was a member of the Legislature. He explained this by saying that he did not then understand conditions. I also reminded him that among his associates were men who were very much opposed to me, and he assured me that they would have no influence with him in his work on the Board. The appointment was accordingly made, and he qualified as a member of the Board on January 23, 1914, and ever after, while on the Board, was fond of dubbing himself "the Baby Member" of the Board.

The "Boston Transcript" of January 20, 1914, says of this appointment:

In announcing the appointment of Roger Wolcott as a member of the State Board of Insanity the Governor stated that, having in mind the present membership of this Board, he was of the opinion that a young man of legislative experience, willing to give a large amount of his time, without salary, to the important duties of this Board, was most essential; that there are many problems coming before this Board which require legislative action, and it is desirable that they be met by the Legislature in a nonpartisan manner, and that they be presented by one in touch with the Legislature, one whose opinion would have weight and influence with its membership.

The Governor stated that he had presented to him for consideration many suggestions of changes in the insane institutions, and the Commission on Economy and Efficiency was also about to recommend changes; and in order that his own views might not appear to be partisan in character he thought

that Mr. Wolcott's service on this Board would contribute materially to assisting in advising the Legislature. There is no Board in the Commonwealth that requires more time from its members than the Board of Insanity, and in making this selection he has had to consider the availability of a man who could give a great amount of time through public-spirited motives to this most important public charity.

Mr. Wolcott began his work on the Board in the most co-operative manner, and it was not until we found it necessary to criticize certain hospitals that we realized some of the old guard had got his ear and were influencing him to stand for policies and conditions which were not in accord with those for which I had been working. As one example of this the following is significant:

About February 1, 1914, the State Board visited the Bridgewater State Hospital. I give the report as written by Mr. Hall and myself and the report written by Mr. Wolcott, both of which were filed as reports of the Board. Mr. Wolcott's report indicates a tendency on his part to agree with the old order of things, which later became more evident in other directions. Of course Mr. Wolcott was not familiar with State hospitals at this time, nor with proper methods of caring for mental patients, while I had had twenty years of experience in such matters, and saw much, probably, that he would not have noticed.

STATE BOARD'S VISIT TO HOSPITAL FOR CRIMINAL INSANE (BRIDGEWATER),  
FEBRUARY 6, 1914

(Report as made by Mr. Hall and Dr. Briggs)

The general appearance of the doctors, attendants and patients plainly showed that they were depressed and unhappy. Saw large numbers of patients in seclusion. A majority of the inmates interviewed complained of either abuse or neglect. A very unsatisfactory condition existed regarding arrangements in case of fire. In the hospital ward one inmate was found in restraint of camisole or muffs lying on a mattress on the floor with his

head on the bricks. The restraint was applied so tightly that it had sunk into the flesh and almost stopped circulation. The patient was in great pain because of the restraint and too weak to make much if any noise although his groans could be heard some distance away. A Mrs. McKeever, a nurse, was apparently in charge of the hospital, although she referred all questions we asked to a male attendant. Several of the wards and passageways did not seem to be properly disinfected or cleaned up judging from the odors. In the dining room the food was on the tables and quite cold, and no patients were yet in the room to eat it. None of the members of the Board or Dr. Emerson, the medical director, could tell whether the liquid in the cups was tea or coffee. The food was of a very poor quality, limited and poorly served.

We have refrained from making any report as to the medical treatment and the arrangements of the inmates at this time or the inability of the superintendent of the institution to answer questions put to him concerning the inmates because we understood that he had only recently returned from an absence caused by illness.

#### BRIDGEWATER STATE HOSPITAL

(Report prepared and offered by Mr. Wolcott)

Visited by the entire Board on Friday, 6 February, 1914. We arrived at the hospital at about 10 A.M. and left at 3.55 P.M., after inspecting every part of the institution.

The buildings are modern, and in splendid condition. With the type of patient involved, safe custody is essential, and high walls and bars are everywhere present. The buildings are excellently lighted, heated and ventilated, and seem well adapted to their purpose. It was noted that the basements were used as smoking rooms, while the pleasant day rooms were practically deserted. Unless there is some good reason to the contrary, it is suggested that smoking be permitted in the day rooms. Save for these basement smoking rooms, which were not over neat, every part of the institution was very clean.

The superintendent appears efficient and energetic. While appreciating the difficulties involved, we feel, nevertheless, that the occupation of his patients is capable of very great development. The nurses and attendants on the whole impressed us favorably.

The patients, while not conspicuously noisy, are discontented. This discontent showed itself in innumerable requests for discharge, and, while with the criminal insane there is probably no possibility of even moderate contentment, we feel that it may be greatly increased by increasing the occupation of the patients. Social welfare work is also needed to pave the way for leaves of absence and discharges.

We did our best subsequently to train Mr. Wolcott's powers of observation when visiting our insti-



tutions, and our efforts with him in this direction were not altogether in vain. I find among my papers the following outline, which was adopted by the Board to make our reports uniform:

.....HOSPITAL		VISITED.....	191.....
General facilities:			
Efficiency of Trustees:			
Efficiency of Superintendent:			
Efficiency of doctors, nurses and attendants:			
Condition of clinical records:			
	visitation    "		
	restraint    "		
General cleanliness:			
Sanitary conditions:			
Hospital conditions:			
Food conditions:			
Fire protection:			
Discipline and contentment of patients:			
		Forward:	
		[Reverse]	
		Brought forward:	
Cleanliness of patients:			
Therapeutics: drugging:			
	hydrotherapy:		
	occupational:		
Welfare work and discharges:			
		Average:	
Visited by			
Remarks:			
Report by			

It will be remembered that a committee consisting of Mr. Whittemore, Judge Mason and I had visited the Taunton State Hospital on October 17, 1913, and had found many matters for adverse criticism. In February, 1914, I was again appointed on a committee to visit this hospital, in company with Mr. Hall and Mr. Wolcott. Mr. Wolcott was to draw up the report of this visit, and Mr. Hall and I submitted the following

notes to be incorporated in the report, which we were all to sign. We understood at the time that Mr. Wolcott accepted these criticisms.

FRIDAY, Feb. 20th.

Mr. Hall, Mr. Wolcott and myself visited the Taunton State Hospital.

The Restraint Book records were not kept in accordance with the law but contained the essentials. Jane Toppan and one other patient were recorded as having been in seclusion sometimes twelve hours a day, which, upon inquiry, we found to mean the entire twenty-four hours, as seclusion when being locked in alone at night is not recorded.

The superintendent was able to answer only a very few questions regarding his patients or records, not even knowing the names of a good many of his patients.

Wet packs have been almost discarded and in their place the much more humane and scientific treatment of continuous baths is being used.

Some wards were especially clean, but wards 2 and 3 were almost offensive, and ward 5 was in a very bad state of repair. Two wards had cases of scarlet fever and one ward had several cases of erysipelas.

G. C. had a very black eye; M. S. had scratches on her forehead and the side of her head; M. G. T. complained of abuse by being pulled by her hair to the bathroom, being choked, etc.; Miss W. had scratches on her neck which she said were caused by a nurse, but she did not want to give the nurse's name; in ward 6 I. W. had a black eye and her forehead was badly bruised.

There was lack of occupation throughout the hospital; men and women naturally quarrelsome, noisy and irritable in consequence. At the farm all but two or three of the men were in the smoking room and unoccupied, but there was apparently plenty of work to be done in the stables and barns, which were not very clean.

Mr. Wolcott wrote me on February 24, as follows, enclosing a copy of his own report:

THE COMMONWEALTH OF MASSACHUSETTS  
STATE BOARD OF INSANITY  
STATE HOUSE, BOSTON

BOARD

MICHAEL J. O'MEARA, M.D., *Chairman*  
JOHN WHITING MASON  
L. VERNON BRIGGS, M.D.  
JAMES M. W. HALL  
ROGER WOLCOTT

CHARLES E. THOMPSON, M.D.,  
*Executive Officer*

60 STATE STREET, BOSTON, Feb. 24, 1914.

L. VERNON BRIGGS, M.D., 64 Beacon Street, Boston, Mass.

DEAR DR. BRIGGS:—I have delayed answering your letter of the 21st inst. until my report of the Taunton visit could be typewritten and sent

to you. I enclose the report with my signature, and beg that you will forward it to Mr. Hall after signing it yourself if it appeals to you. I also enclose a copy for your own use.

I am very much obliged for your own notes on the subject of Taunton. My report was compiled previous to their receipt by me but except in medical matters, of which I am not qualified to speak, I think you will be interested to see how nearly they coincide.

I also take pleasure in returning the report of your testimony last May on the Social Welfare Bill, with many thanks for the loan thereof.

Regretting that it is impossible for me to go with you to Worcester tomorrow, I am,

Faithfully yours,

ROGER WOLCOTT.

Mr. Wolcott's report read as follows:

#### TAUNTON STATE HOSPITAL AND RAYNHAM COLONY

Visited by Dr. Briggs, Messrs. Hall and Wolcott, on Friday, 20 Feb., 1914. We arrived at the hospital at 10 A.M. and stayed until 2 P.M., driving over at that time to the Raynham Colony and thence to the 4.15 P.M. train from Taunton to Boston. We visited all the wards in the hospital save two, in which a suspected case of scarlet fever and three cases of erysipelas respectively were quarantined.

The main building, opened in 1854, has many of the defects of its period. In the main the wards are gloomy, dark and not in good repair. There are not enough windows, and everywhere are outside bars. In the single rooms and at the end of the two corridors are inside gratings made of heavy wire with a one-inch mesh. Although these were generally found swung back from the windows and we were told were rarely used, their mere presence, like much else in the institution, is a constant reiteration to the patients of the suggestion of imprisonment and restraint. Even Bridgewater is less suggestive in this respect, and Danvers hardly so at all. The wards are badly overcrowded, and most of them ill-ventilated, for, while in several cases unpleasantly cool for those who were not at work, there is a disagreeable smell about most of them. The same conditions prevailed to a less extent in the hospital wards.

We did not have time to visit the kitchen nor to see any considerable number of patients eating. There is no single very large dining room, and the several small ones impressed us unfavorably. Like the wards, they are generally dark and ill-ventilated, while the condition of the threadbare oil-cloth and linen was most unappetizing.

The superintendent's records, kept since October, 1913, show that a small number of patients are at work in a variety of ways, but, except for a few whom we observed polishing the floors or working in the dining rooms, idle-

ness reigned among the patients everywhere. Not a single patient was observed out of doors in all the time we were at Taunton. As a result, the wards were crowded with noisy, discontented patients, and the quietest ward in Taunton was more turbulent than the noisiest one at Danvers.

Conditions at the Raynham colony were better. The buildings of course are free from the suggestion of restraint, as befits the quieter class of patients there, and are lighter and cleaner. The same general idleness, however, was noticeable, in spite of the fact that there was plenty of work to be done in the well-stocked barns adjacent. The fact that there were only fifty-four men, and no women patients at the colony, which was not occupied to the limit of its capacity, is further evidence that safe custody is the guiding idea of this institution.

The average patient at Taunton is restless and discontented. Several allegations of abuse by attendants were made to us, — allegations always well-nigh impossible to prove. The class of attendants and nurses is perhaps inferior to those at Danvers. The superintendent lacks familiarity both with his individual patients and his statistics, and does not seem energetically awake to his great opportunity for development of the occupation and contentment of his patients. Social welfare work is just starting at the institution and should be of great usefulness, but the most urgent needs of the Taunton patients today are light, fresh air, indoors and out, and congenial occupation.

This report is prepared by Mr. Wolcott.

As we afterwards ascertained and Mr. Wolcott acknowledged, Mr. Wolcott withheld this report, and without our knowledge saw the chairman of the Board of Trustees of the Taunton State Hospital and submitted the report to him for criticism. Dr. Stedman persuaded him to substitute a more favorable report than that already agreed upon. Wolcott apparently revised the report to please Dr. Stedman, and then submitted his revised report for the Board's approval, instead of the one upon which the visiting committee had agreed. I have a copy of this report of Mr. Wolcott's.

The following was sent by Dr. Henry R. Stedman to Mr. Roger Wolcott to help influence him to change his report on Taunton:

## SERVICE ON UNPAID

EMPLOYMENT OF NURSES <sup>1</sup>

	Total Per Cent Employed	Per Cent Employed Three Hours or More Per Day
1	Wrentham School . . . 100.00	Waltham School . . . 72.00
2	Gardner Colony . . . 90.00	Foxborough Hospital (in- sane only) . . . 60.00
3	Monson Hospital . . . 74.42	Worcester Asylum . . . 57.00
4	Worcester Asylum . . . 67.00	Taunton Hospital . . . 50.54
5	Taunton Hospital . . . 64.14	Monson Hospital . . . 45.47
6	Westborough Hospital . . . 63.25	Westborough Hospital . . . 43.03
7	Foxborough Hospital (in- sane only) . . . 60.00	Boston Hospital . . . 42.67
8	Boston Hospital . . . 58.50	Bridgewater Hospital . . . 33.50
9	Danvers Hospital . . . 53.50	Northampton Hospital . . . 24.50
10	Northampton Hospital . . . 46.50	Danvers Hospital . . . 22.50
11	Bridgewater Hospital . . . 43.50	Gardner Colony . . . ?
12	Medfield Asylum . . . ?	Medfield Asylum . . . ?
13	Tewksbury Infirmary . . . ?	Tewksbury Infirmary . . . ?
14	Waltham School . . . ?	Worcester Hospital . . . ?
15	Worcester Hospital . . . ?	Wrentham School . . . ?

<sup>1</sup> He probably meant patients.

Dr. Stedman did not state how these patients were employed, but in some of the hospitals therapeutic occupation was virtually *nil* and those employed were doing only routine work in wards or kitchen or pushing the floor polisher around.

## MONSON STATE HOSPITAL

March 31, 1914

Number of patients . . . . .	950
Employed patients . . . . .	707
Per cent of employed patients . . . . .	74.42
Patients employed more than 3 hours per day . . . . .	432
Per cent of patients employed more than 3 hours per day (epi- leptics) . . . . .	45.47



# BOARD OF INSANITY

293

Patients employed 3 hours per day . . . . .	275
Per cent of patients employed 3 hours per day . . . .	28.95
Per cent of patients employed 3 hours or more per day . . . .	74.42

## WORCESTER STATE ASYLUM

Percentage of patients who work (3 above Taunton) . . . .	67.00
Percentage of patients employed more than 3 hours per day . . . .	57.00
Percentage of patients employed less than 3 hours per day . . . .	10.00

## BOSTON STATE HOSPITAL

(For Acute and Chronic Patients)

Male patients engaged in some occupation . . . . .	62.00	} 58.50
Two-thirds of these work more than 3 hours per day.		
Female patients engaged in some occupation . . . . .	55.00	
Four-fifths of these work more than 3 hours per day.		

## TAUNTON STATE HOSPITAL

(For Acute and Chronic Patients)

March 21, 1914

Number of patients:		
Men . . . . .	634	
Women . . . . .	557	
Total . . . . .	<hr/>	1,191
Bedridden patients:		
Men . . . . .	61	
Women . . . . .	72	
Total . . . . .	<hr/>	133
Acutely disturbed patients:		
Men . . . . .	26	
Women . . . . .	29	
Total . . . . .	<hr/>	55
Employed patients:		
Men . . . . .	400	
Women . . . . .	364	
Total . . . . .	<hr/>	764
Per cent of employed patients . . . . .		64.14
Patients employed 3 hours or more per day:		
Men . . . . .	306	
Women . . . . .	296	
Total . . . . .	<hr/>	602
Per cent of patients employed 3 hours or more per day . . . .		50.54

## SERVICE ON UNPAID

## NORTHAMPTON STATE HOSPITAL

(For Acute and Chronic Patients)

Number of patients:

Men . . . . .	473
Women . . . . .	456
Total . . . . .	929
Employed patients . . . . .	432
Per cent of employed patients . . . . .	46.50
Patients employed 3 hours or more per day . . . . .	122
Per cent of patients employed more than 3 hours per day . . . . .	24.50

## GARDNER STATE HOSPITAL

(For Chronic Patients)

Patients working 2 hours or more per day (per cent) . . . . .	90.00
Of this 90 per cent the great majority work more than 3 hours.	

## WRENTHAM STATE SCHOOL

(Feeble-minded)

	Per Cent
538 patients engage in classes practically all day from 8 A.M. to 4 or 5 P.M. . . . .	100.00
In addition, between 50 and 60 children of a lower grade receive instruction in sense training about 3 hours a day.	

## BRIDGEWATER STATE HOSPITAL

(Insane Criminals)

Percentage employed 3 hours or more . . . . .	33 $\frac{1}{8}$
Percentage employed less than 3 hours (10) . . . . .	43.50

## FOXBOROUGH STATE HOSPITAL

(Chiefly Dipsomaniacs)

	Per Cent
Inebriate population work from 7 A.M. to 11.15 A.M. and 1 P.M. to 4 P.M.	
Of the insane population, 60 per cent are employed . . . . .	60.00
Hours, the same as for inebriates.	

## DANVERS STATE HOSPITAL

(For Acute and Chronic)

Number of patients . . . . .	1,479
Percentage of patients employed . . . . .	53.50
Males, 59 per cent.	
Females, 48 per cent.	

# BOARD OF INSANITY

295

Percentage of patients employed 3 hours or more . . . . .	22.50
Males, 25 per cent.	
Females, 20 per cent.	

## MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED

Number of patients . . . . .	1,595
Percentage of patients employed 3 hours each day . . . . .	72.00

## WESTBOROUGH STATE HOSPITAL

(Acute and Chronic)

Week of March 22:

Percentage of all male patients who worked . . . . .	63.5	} 63.25
and of those, 76 per cent worked over 3 hours per day.		
Percentage of all female patients who did some work, 63.0		}
and of those, 60 per cent worked over 3 hours per day.		

In the Sunrise Colony for women, consisting of about 120 patients,  
94 per cent worked, excluding the sanatorium for tubercular  
cases.

Worcester Hospital	?
Medfield Asylum	?
Tewksbury	?

On February 11, 1914, the State Board of Insanity adopted by-laws which provided that the chairman should appoint standing committees. Under these by-laws I was appointed to serve on the Executive Committee of three and on the Welfare Committee of two members. In the appointment of these committees, one of our members, James M. W. Hall, took exception to the fact that Dr. O'Meara had appointed himself or Judge Mason as chairman of each and all of the committees, and wrote a letter to Roger Wolcott, dated February 13, 1914, expressing his surprise at such lack of courtesy to other members of the Board. I also wrote Mr. Wolcott, who replied as follows:

## SERVICE ON UNPAID

THE COMMONWEALTH OF MASSACHUSETTS  
STATE BOARD OF INSANITY  
STATE HOUSE, BOSTON

BOARD  
MICHAEL J. O'MEARA, M.D., *Chairman*  
JOHN WHITING MASON  
L. VERNON BRIGGS, M.D.  
JAMES M. W. HALL  
ROGER WOLCOTT

CHARLES E. THOMPSON, M.D.,  
*Executive Officer*

60 STATE STREET, BOSTON, Feb. 26, 1914.

L. VERNON BRIGGS, M.D., *64 Beacon Street, Boston, Mass.*

DEAR DR. BRIGGS: — As to the question of the chairmanships of the subcommittees of the board, I confess I do not consider it a very vital one. Dr. O'Meara has named the members of these subcommittees in the order of their seniority and I do not understand that the senior member in each case is necessarily chairman of his subcommittee. In fact, according to parliamentary procedure, I suppose each subcommittee has the privilege of electing its own chairman.

As to the other points raised in your letter, I feel that they are all exceedingly difficult of solution. I know you will agree with me that our new executive officer should be a man on whom we can lean heavily, — as in the nature of things we must, — for I do not suppose any member of the Board is able to give his whole time to the work, whereas the executive officer is supposed to and is paid for that very purpose. I certainly have had legislative experience but I realize sadly my inexperience on all questions of insanity details, such as maintenance and special appropriations for the several institutions, a uniform building act and amendments of the commitment laws, which are almost daily coming up before the legislative committees, and therefore even if I could spare the time I do not feel competent to represent the Board on such matters. I take it that the chief problem for us to solve at our adjourned meeting next Saturday will be the question, how the Board is to be represented.

As I have told you, I am rather deliberately avoiding the question of visiting institutions outside of the State until I feel that I have a more thorough acquaintance with our own. When this time comes, be sure that I shall take you at your word and shall look forward to New York or other visits, either in your company or armed with letters from you.

As to the question of regular weekly meetings of the Board, I am rather hoping that they will be unnecessary if our by-laws work out as I feel they should. I was sorry that you were unable to be at our last meeting, when we adopted them, but I hope you agree with me that they offer great opportunities for increasing our efficiency in the direction of specializing our work and relieving the Board as a whole from the consideration of a multitude of questions which can be readily handled by subcommittees.

Regretting that I was unable to accompany you to Worcester yesterday and looking forward to seeing you on Saturday, I am,

Faithfully yours,

ROGER WOLCOTT.

The question of the appointment of an executive secretary on our Board remained an open one. Dr. Charles E. Thompson, who had served as executive officer since the resignation of Dr. Copp, was about this time made superintendent of the Gardner Colony — a position for which he was eminently fitted. He continued to give part time to the work of the Board until a successor could be appointed, and much difficulty was experienced in the attempt to find a suitable man. I was determined that no one should be appointed to this responsible position but a man of the first rank, who was thoroughly in touch with the situation, and it seemed impossible to find such a man who was free and willing to take the position. One of the first men I (unofficially) sounded on the subject was Dr. Walter E. Fernald, whose long service to the State in the Waverley School for the Feeble-Minded had demonstrated not only his professional skill and his executive ability, but his good judgment and tact in handling difficult situations. After considering the matter carefully, Dr. Fernald wrote me the following letter:

WAVERLEY, March 5, 1914.

MY DEAR DR. BRIGGS: — I have most carefully considered the question brought up yesterday, and while I see the situation and appreciate the great honor of being considered in this connection at this time, I really cannot happily think of leaving the strictly professional work here at Waverley, when the long-awaited-for opportunity of more intensive work with individual patients has at last arrived. I love to work with human beings themselves rather than with records and reports of happenings to them. I have been too long in this specialty to leave it, however alluring the inducements are. This rather narrow specialty has been my life work, and the writing of the book on the education of the defective and the evolution of the tests for feeble-mindedness which I am working out and which really sums up the record of many years of hard work, — and the application of what we are beginning to know about the relation of mental defect to criminality, — these things are the things that I cannot make myself willing to leave.



Nearly all of my professional affiliations here and abroad are with the men and women in this specialty. I am sure your keen professional interest in your own field would not let you leave it for any other, and I know you will understand me.

I am very proud and grateful to think you consider me worthy and capable to do that great work, but I really feel that I would not be happy in it and that I ought not to undertake it.

Faithfully yours,

WALTER E. FERNALD.

This letter shows the perfectly reasonable attitude of men whose professional experience had fitted them for such a position, and demonstrates the great difficulty of securing efficient administration under the system then in vogue. Then, too, the question of the reorganization of the State Board of Insanity was being discussed. I interviewed several other well-known specialists in regard to the possibility of their accepting an appointment to this position, but none were willing to give up work in which they were already interested for the sake of what might prove to be an uncertainty. Our Board remained without a paid executive until its reorganization in August of that year, but Dr. Thompson continued to give part time to the work and my own interest was such that I gave nearly all of my own time to the Board work. The other members of the Board, notably Mr. Hall and Mr. Wolcott, also gave much time. I was able at last to make these Board meetings weekly, instead of once or twice a month, as heretofore. Mr. Wolcott refers to this question in the letter of February 26, which I have already quoted.

The "Journal of the American Medical Association" of March 7, 1914, printed the following paragraph among other Massachusetts items:

## REORGANIZATION OF STATE BOARD OF INSANITY

The Massachusetts State Board of Insanity has been virtually reorganized. Governor Foss, before his retirement, appointed Dr. Vernon Briggs in place of the chairman, Dr. Herbert Howard, and Hon. James M. W. Hall in place of Dr. E. W. Taylor. Governor Walsh, on assuming office, appointed Mr. Roger Wolcott to succeed William F. Whitmore. A new executive officer is now to be chosen; Dr. Daniel E. Fuller, deputy executive officer, has resigned to take up work in Philadelphia.

I have already quoted from a letter written me by Mr. Hall on January 10 in regard to the delay in making the report of the Worcester investigation. In the same letter Mr. Hall wrote:

I would like very much to have you go with me the first of next week to see the Committee on Efficiency with reference to the purchase of that farm at Grafton. That disturbs me a good deal. As to the expert estimate, \$6,000, we do not know what the tax value is, but it will probably be found to be considerably less than this, and to appropriate \$9,000, as has been done, seems to me too much. I think we have a good Board to confer with in the Board of Efficiency and Economy. I believe the State is being made to pay a good deal more than it ought to. I shall be very glad to call with you upon the Governor next week with reference to the matter of a secretary for the Board.

In accordance with Mr. Hall's suggestion, he and I, with Dr. O'Meara, visited the Grafton Colony and the Worcester Asylum on January 13, 1914. Both of these institutions were under the same Board of Trustees as the Worcester State Hospital and were at that time under the superintendence of Dr. Louis Stick. The following report of our visit brought forcibly to our minds the inefficiency of the old Board, of which Dr. Copp was the executive secretary, in controlling the action of the trustees as to the selection of a location for the hospital, the selection of sites for hospital buildings on that location, and in the matter of money paid above tax value for some

of the properties. It also brings out the lack of proper classification at the Worcester Asylum, including the distribution of tubercular cases — which Dr. Copp once denied and of which he was evidently ignorant.

On Tuesday, January 13, 1914, Hon. James M. W. Hall and I met Dr. O'Meara, our chairman, at the Worcester Asylum, when with Dr. Stick we rode to the Grafton Colony.

The general plan of the buildings is more or less confusing. They are located in sort of a crater or hollow, surrounded by hills. Most of the buildings are so located that the rear ends of them are built down with stone one or more stories to meet the ground, giving the appearance of tenements, while some of the buildings are constructed with so much stone, compared with the wooden tops, that they looked like stables or cow-barns instead of hospital buildings. The whole appearance is not favorable, and seems to be of expensive construction; and the location of the buildings very badly planned. We were told that on the more suitable building sites it was planned to erect other buildings later. Why they did not start their buildings on these more suitable sites and work down as necessary was not satisfactorily explained, even considering the lighting and water problems, if eventually they intend building on these sites in any case. The country about is beautiful and the interior of the basements is much more attractive than one would suppose, viewing them from the outside. The interiors of the buildings were remarkably neat and clean, — the dining rooms immaculate. It was bitterly cold, — the thermometer being seven below zero, but the patients did not seem to be particularly well clad. Two patients there complained that their milk and their sugar had been taken away from them as a punishment. This was explained to us by a physician, who said that the milk was not taken away as a punishment but was given to these patients when they worked, and as they had not been working recently it was taken away. In regard to the Sinclair farm which, as has been stated, is taxed for \$6,000, the expert employed by Dr. O'Meara, without knowing anything in regard to the figures, valued it at about \$6,200 or \$6,300. We do not see how the Board could appropriate \$10,000 for the purchase of this farm excepting on the ground that it would save considerable money to the State; and as a matter of fact we were informed by Dr. Stick that the State now owns the land up to the barn, even the barn yard in front of the house to the street, but the present owner does not know this, and it has been kept from him in deference to the wishes of his father. It would seem that as he has got to know it sooner or later, it would be well for him to know it now if a reduction in price is to be considered. We do not believe that a recreation hall should be built until the colony is able to take the patients over from Worcester. The first money to be expended should be in properly housing the patients rather than building recreation halls.

After visiting the Grafton Colony we went to the Worcester Asylum. The

prison underwear which they are forced to buy here was more cotton than wool, and in some of the wards, especially upper, middle and lower "Joe," the cold was intense and the coverlets on the beds not sufficient. In one of the infirmary wards the patients had three blankets all told but were said to have had five. The nurse reiterated several times that there were plenty of blankets on the ward, but when asked to show them she could not, and acknowledged that not only were the blankets she referred to in the laundry, but they would not be back for use that night; and she promised that these beds should be taken out of these wards which had no means of heating whatever, and the patients allowed to sleep in the corridors for the night. We found one typhoid case in a room off a ward; also several tubercular cases distributed about the hospital. Many imbeciles were mixed up with other patients, and one defective named Wax, a young woman who had had syphilis, was associating with some of the poorest type of the insane patients. Also many epileptics were distributed through the hospital. The classification did not seem to be ideal. One girl, Blanche Brunelli, had her arm in a splint on account of what the nurse said was a fracture, but which Dr. Stick informed us was a dislocation of some of the bones in the hand or wrist.

The present superintendent of Grafton State Hospital, Dr. Harlan L. Paine, has accomplished wonders in the reconstruction of the physical plant and the care of the patients.

The Welfare Committee, of which Mr. Hall and I were members, was kept busy investigating complaints of abuses in the various hospitals. This work had previously been delegated to an employee of the Board, but now we felt it desirable, for a time at least, to investigate personally each complaint, that we might the better familiarize ourselves with the problems before us, and find a way, so far as possible, to remove the causes of these complaints.

The Trustees of the Westborough State Hospital showed their lack of understanding of the nonrestraint law and of the proper method of caring for the cases committed to their charge in their annual report for the year 1913, which was made public in the "Boston Evening Globe" of April 6, 1914. This paper says:

The report of the trustees, consisting of Dr. John L. Coffin of Northborough, Eliza C. Durfee of Fall River, Sarah B. Williams of Taunton, William A. Cary of Medford, George B. Dewson of Cohasset, John M. Merriam of South Framingham and John H. Bickford of Worcester, in part is:

"There has been reported to and investigated by the trustees many more cases of injury to both patients and attendants than ever before. Besides these there have been many cases reported by the staff and investigated by the superintendent.

"After an experience of over two years we cannot but believe that this is almost entirely due to the practical application of the so-called nonrestraint law, chapter 589, section 1, of Acts and Resolves of 1911.

"The effect of the enforcement of this law is mischievous in many ways. Excitable patients may be somewhat violent, but not show 'extreme' violence. They are liable from their very excitability to physically injure themselves, or they irritate, annoy and provoke other patients until some one retaliates. There is no way to prevent this except in a multiplicity of attendants, the expense of which would be prohibitive to the State. For such cases mechanical restraint either by camisole or bed sheet is a beneficent and beneficial treatment.

"The influence of this act upon the attendants is to make them timid, and consequently when it becomes necessary for them to take hold of a patient to restrain from doing damage that very fear undoubtedly unconsciously makes them manage a patient more strenuously than they would did they know that such a patient could, if necessary, be mechanically restrained.

"The act says these forms of restraint shall be used only in cases of extreme violence<sup>1</sup> but it does not define the word 'extreme' and who is to decide. Apparently the matter is left to the discretion of the superintendent or staff physicians, but what physician can calmly or wisely exercise such discretion with a penalty of from \$50 to \$300 hanging over his head, provided his discretion is not approved by the trustees, or State Board or Executive and Council or by the yellow press.

The superintendent did not feel so strongly against my so-called restraint law. He wrote me from the Westborough State Hospital, under date of September 4, 1911:

L. VERNON BRIGGS, M.D., *Boston, Mass.*

DEAR DOCTOR: — We are now working under the act of the last Legislature stating conditions under which the use of restraint in the hospitals may be permitted, and as you are the author of that act I should be very glad indeed

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<sup>1</sup> This is an absurd interpretation of the law. For the act as passed see "Occupation versus Restraint," L. V. Briggs, 1923, p. 178.



to have you come to the hospital, see the conditions existing here, and to talk with you about the use of restraint, as it is our desire, where its use cannot be avoided, to use it in the spirit as well as the letter of the law; and while, no doubt, you and I may not look upon it from the same angle, we both desire the best possible conditions for our patients.

I have been and still am using earnest effort to diminish the amount of restraint in the hospital, and while there are worse things than mechanical restraint, properly administered, I hope, if possible, to bring about the entire disuse of it. Being a homeopathic institution we of course do not use drugs to quiet patients, and therefore have had more mechanical restraint than some of the other institutions.

I trust that you will take an early opportunity to come to the hospital and, if you can, remain two or three days, and I promise to take good care of you and let you see for yourself just the conditions existing here, and you can tell me just what you think about them.

I am,

Very sincerely,

G. S. ADAMS,  
*Superintendent.*

H. J. McLean, an attendant who had been discharged from Bridgewater State Hospital on account of telling some truths in regard to occurrences which he had witnessed while he was there, which had been published in a daily paper under sensational headlines, was of material assistance to the Welfare Committee in investigating that institution and in getting at the truth of the reports of abuses there and of the behavior of officers and attendants in charge. Mr. McLean sent many letters and documents to me and to the Board, and based upon these the following report was made by me to the Board at their request:

On the McLean letters and documents I have to report for the committee that the secretary of the Board of Trustees of the Bridgewater Hospital, who received a duplicate of the papers sent the Board, has placed them in the hands of the district attorney of Plymouth County, and the district attorney is at present investigating the charges, as I understand, on the ground that while the charges are somewhat remote, still they are in certain instances brought against people who are now employees at the institution, and if

these charges are sustained they ought not to be longer employed but rather proceeded against.

I feel that the Board should be in the same position, and that the least it could do at the present time would be to write Mr. McLean that it understands the papers have been placed in the hands of the district attorney, who is making an investigation; and the Board desires a full and impartial investigation, that the statements contained in his allegations may be sifted and the guilty parties, if any are guilty, brought to justice; and that we thank him for calling the attention of the Board to the matters contained therein and for sending us a duplicate copy, but that now that the matter is in the hands of the district attorney we shall have to abide by his decision.

JUNE 12, 1914.

It was the law for our Board to visit each of the various State hospitals every six months as a Board, beside making the usual committee visits; and it was the custom to make these Board visits on the day of the trustees' meetings, that we might confer with them on local problems, and thus get in closer touch with the work of each hospital. I have a few of the reports of such visits. For instance, in May we all went to the Medfield State Hospital, and Mr. Wolcott and I again submitted separate reports:

#### REPORT ON MEDFIELD STATE HOSPITAL

(Written by Dr. L. Vernon Briggs)

Today the Medfield State Hospital was visited by Dr. Michael J. O'Meara, James M. W. Hall, Roger Wolcott, Judge John W. Mason and Dr. L. Vernon Briggs, members of the State Board of Insanity. We visited most of the wards on the women's side and some of the wards on the men's side, and made a study of the proposed changes in the wards whereby room is to be provided for acute service. The patients were in the main excited and unhappy, wishing to be transferred back to the hospitals from which they had been transferred or to be discharged altogether.

We found that Margaret Smith had been placed in restraint quite frequently, and on interviewing her she claimed that a Miss Tuttle, a nurse, had struck her in the breast and stomach while she was in restraint. We could not corroborate this, but learned that this patient was of the same type as several whom we saw who were bright, alert and capable of work if properly directed. The class of patients to which these belong are the erotic type, who are not able to control the moral side of their natures when

at large. Consequently, they get into all sorts of trouble, including pregnancy and venereal diseases. It seems deplorable that these people, who have their senses and appreciate their surroundings, should be sent to a chronic hospital for the insane, where they only meet the worst types of that part of humanity which is mentally ill. It would seem that a reclassification is sadly needed, that these cases may be placed by themselves where people specially trained in handling these difficult persons should be in charge. They are a disturbing influence to the patients about them at present and to the physicians in charge, and are apparently receiving no benefit from their custodial care, but are doing a vast amount of harm in their surroundings.

In Wards E-1 and F-1 the odors were quite strong and unpleasant. Some of the other wards were not what you would call sweet. When one realizes that about 30 per cent of these patients are untidy, it is not to be wondered at that there is some odor, but training these patients as some patients are trained, like children, in other hospitals, leading them regularly to the toilet, would probably markedly reduce the untidiness.

Some few of the wards were very orderly and clean, and the fact that most all of the men were out of doors and in the air and sun was to be commended. As in most of the other hospitals, the industrial work therapeutically should be greatly increased. There seems to be an air of encouragement and hope in this hospital which was not noticeable last year. Everyone seemed more alive and interested.

Prior to our inspection we had a most interesting meeting with the trustees, presided over by Dr. Clark of the Board of Trustees, and later by Judge Mason of our Board. The result of this meeting was that we felt nearer the trustees and the work of the hospital than we had heretofore; and we believe that the plan to have at least one meeting a year with the trustees should be strongly adhered to; and that an interchange of opinions, discussion of the problems, and personal contact will serve to make the work of both the Board and the Trustees more valuable and productive of results.

MAY 22, 1914.

Mr. Wolcott's usual separate report read:

#### MEDFIELD STATE HOSPITAL

Visited by Dr. O'Meara, Judge Mason, Dr. Briggs and Mr. Wolcott on Friday, 22 May, 1914.

We arrived at 10.30 A.M. and left at 3.40 P.M. Notice of our visit had been given the trustees, and our inspection was preceded by a pleasant and profitable discussion of their local problems with them, especially in connection with changing the asylum into a hospital, in accordance with recent legislation.

This discussion very much shortened the time available for inspection, which was consequently limited to a majority of the female wards and the home for female nurses. Everything inspected seemed clean and well kept, and the same was true of the patients. The attendants average fairly

well, and the doctors seem well acquainted and on good terms with their patients.

We are well aware of the fact that the type of patient here has heretofore been the hardest possible to deal with, and we make due allowance for this fact. With the more hopeful types which the elevation of this institution into a hospital will bring to it, it is expected that a great increase in occupational activity shall follow, hydrotherapy be developed, the numbers in the disturbed wards and those under restraint be greatly diminished, and a feeling of greater hopefulness be instilled into the patients and all those who have to deal with them.

I have another of Mr. Wolcott's separate reports of a visit made to the State Infirmary by several members of the Board, among whom I was not included:

#### STATE INFIRMARY, MENTAL WARDS

Visited by Judge Mason, Messrs. Hall and Wolcott on Friday, 29 May, 1914.

We arrived at 10.30 A.M. and left at 1.30 P.M. We visited all the insane wards.

The majority of the patients appeared well cared for and reasonably contented, and doctors and attendants averaged well. A variety of occupations is available, and apparently steady progress is being made in the employment of patients. It is to be hoped that this progress will continue.

It was "fish-day," and the smell of fish was everywhere. While cooking smells can probably never be absolutely avoided, they were far more noticeable than at other institutions visited. Some of the wards, too, had a stale and disagreeable odor, and we feel that the ventilation question needs attention both in service and living quarters. We regret that we must also reiterate the criticism of the sanitary arrangements made in our report of 19 July, 1912, — nearly two years ago. The water closets and urinals in some of the men's wards are out of repair, dirty and ill-smelling, and a thorough overhauling of the plumbing is imperatively required.

It is always easy to find fault, but we would not have it appear that the general impression made on our minds was unfavorable. On the contrary, our general feeling is of admiration for the good morale of the institution and its many excellent features. We feel that its superintendent is emphatically the right man in the right place.

I have a good many copies of reports made by Mr. Wolcott, but almost invariably he complimented the hospital where he had been entertained rather than made constructive criticism.

Again I was unable to accompany the Board on a very interesting visit to the Northampton State Hospital. Mr. Hall sent me his report of this visit, with the following letter:

THE COMMONWEALTH OF MASSACHUSETTS  
STATE BOARD OF INSANITY  
STATE HOUSE, BOSTON

BOARD  
MICHAEL J. O'MEARA, M.D., *Chairman*  
JOHN WHITING MASON  
L. VERNON BRIGGS, M.D.  
JAMES M. W. HALL  
ROGER WOLCOTT

JUNE 8, 1914.

DEAR DR. BRIGGS:— I wish very much you could have been with us at the visit to Northampton. It was the most satisfactory one I have had, and the conference with the Trustees was unusually pleasant and I am convinced we should have more of these in our visits to the different hospitals. I always enjoy these visits more when I have the pleasure of your company.

We are going to visit Worcester next time and I hope we shall both be there, and I wish we could meet the Trustees and talk over their attitude as to attendants and nurses.

Yours very truly,

JAMES M. W. HALL.

Dr. L. VERNON BRIGGS, 64 Beacon Street, Boston, Mass.

REPORT OF VISIT TO NORTHAMPTON STATE HOSPITAL, JUNE 4-5, 1914

Examination made by Messrs. O'Meara, Mason, Wolcott and Hall.

In order to have a better idea of the condition of our hospitals at night as well as day, we reached Northampton a little after 5 o'clock P.M. June 4th, going at once to the hospital, where we took tea with Dr. Houston, and then spent the entire evening, up to nearly 10 o'clock, making a careful examination of the different wards, as well as the chapel, where some 150 to 200 patients were engaged in games or being entertained by music.

After making this examination we spent the night at the Draper Hotel.

Friday morning, June 5th, was spent in inspecting different departments of the hospital which we did not visit the night before.

This visit has been a very satisfactory one. Added to the pleasure of seeing the excellent condition of every department connected with the hospital we had the pleasure of meeting the trustees, Col. Williams, chairman, Mrs. J. H. Newton, Mr. McQuaid, Mr. Shattuck, Mr. Stevens, Dr. Corcoran.

The management in the various departments, all of which we visited, indicates careful attention, ability and wise administration, and every depart-



ment of the hospital shows constant attention to strict cleanliness, good order and a careful watch over the patients.

The hospital has the advantage, as some others have, of a beautiful location and a prospect which must have a beneficial effect on the patients.

The result of this visit convinces us that more frequent interviews with trustees, as well as superintendents, cannot be otherwise than highly beneficial to the interests of the State in these public institutions, and the result of this visit has been unusually satisfactory because of the enjoyable conference with the trustees and superintendent.

In examining the records of the patients we find very full details are kept, far more than in other hospitals that we have visited. We believe this to be a very important factor in connection with being able to determine the improvement or deterioration of the patients.

The character of the nurses and attendants here is an improvement over some of the other State hospitals. We are more and more convinced that a higher grade of attendants and nurses at a considerably increased expense to the State will be the most hopeful therapeutic, and the only way known at present to give relief and promise to many who otherwise must become permanent wards of the State.

Pathological analysis can be made very useful in the way of prevention; but with the increase of 500 a year to our State insane hospitals, we have as yet accomplished but very little in the hopeful treatment of mental diseases; and until scientific study reveals definite cure, the personal equation must count as the most hopeful in dealing with the unfortunate inmates of our insane asylums. How to prevent the disease and make the hospital less necessary is a study separate from care of patients after entering the hospital.

A public sentiment must be aroused to bring to bear upon our Legislature such strong pressure that a radical change can be made in the character and training of the attendants and nurses in the State hospitals. We believe in most of the hospitals that the trustees and superintendents are doing all they can with the limited appropriations, but for the present at least it seems better to emphasize the immediate importance of a higher class of attendants and nurses rather than more buildings, which indicate little progress in curative or alleviative methods.

Report presented by James M. W. Hall, June 12, 1914.

In June the Board had a meeting with the trustees at the Worcester State Hospital, and Dr. O'Meara and I went to Worcester the evening before the meeting and remained there for the night, to study the conditions under which the patients slept. This was such an unusual event that it created quite a sensation in Worcester, and the Worcester "Evening

Gazette" reported the matter under large headlines on its front page, though it was unable to give any more sensational details than the fact of our unannounced visit. Our reports of this visit follow:

THURSDAY, June 18, 1914.

This evening at 7 o'clock Dr. Michael J. O'Meara and Dr. L. Vernon Briggs visited the Worcester State Hospital.

We first interviewed Miss E. A. Gilman, who, beside relating to us her own problems and dissatisfactions, gave us the following account of the nurses:—

She said Miss Leprade swore at her, called her a "bug" and also called her a "State patient;" this in temper because she had asked the nurses to be quiet when they were tacking cards on the wall after half-past 9 at night. She also stated that nurse O'Brien had told her that she (Miss Gilman) would be sent to the back wards and put in a pack; also that she hoped her tongue would be paralyzed, and it would be paralyzed some time, thank God. She said a great many of the nurses were immoral and that they stole from each other, that they talked about their immorality and did not mind swearing at the patients or threatening them. She complained of the physicians not paying sufficient attention to the patients.

We also interviewed Miss L. M., who was on ward Howe 1. She said the food was not very good, that there were too many frankfurts sausages, or "hot dogs," as they called them, and that these were not always good. She said the bread was good and the milk was sometimes good; also that Miss McNeil came into the ward very seldom, but she had an assistant who was coming in now. The nurses complained of the food also, she stated, but she did not think the nurses were very high-grade women. She said that every private room on Howe 2 was occupied by nurses. When asked by Dr. O'Meara if she had lamb the day before, she said she did not know what lamb tasted like, it was so long since she had had it; that their food consisted mostly of pork and corn beef, and these were about the only meats she knew of. She said the butter was bad and the tea and coffee no good; that the fish also was poor, the food was sometimes cold and that you never could tell what kind of fish you were eating, it was served in such condition. Miss M. appeared to be rational and to understand what she was talking about, and we believe she spoke the truth.

We interviewed Miss H., who was committed to the Worcester Hospital for alcoholism two years ago and was to be discharged on Saturday, two days hence. She was perfectly rational and apparently normal mentally. She was at first reticent, but as soon as we assured her that nothing she said would be used to prevent her discharge, she gave us the following information:

The tea and coffee she could not drink, so bought her own. Sunday they usually had clam chowder or frankfurts and apple pie. The butter was very bad; the bread was good and the milk sometimes good; the fish was

poor. Nurses complained of the food. The nurses were hired usually at a general employment office located at 88 Boylston Street and brought out there and put into the wards without any instructions. The head nurse seldom visited the ward which she was in. Dr. Scribner did not know her by name or at least never spoke to her or called her name or gave her any sign of recognition until six weeks ago. She had been offered whisky by nurses and could get it any time she wanted it. There were some good nurses, but most of them were a bad lot and very loose morally. They bragged about their experiences with men and their immoral relations with them, and one recently bragged about how many abortions she had had performed. Another within a few days had had ten dollars stolen from her by other nurses, and no good ones would remain because of the stealing, swearing and immorality that was going on. Last year four women nurses used to smoke and drink on the ward every night until one night a doctor happened around, smelled the smoke and found them drinking whisky and smoking cigarettes in one of the rooms, and they were all discharged; but those were only samples. Others did it but did not get caught.

After many interviews we visited the women's side of the ward, being guided by a supervisor who was met at the first door by a nurse, to whom she spoke a few words, and then this nurse hurried off. Thereafter we found the wards quiet and nurses in their places. Several of them were interviewed, and with one exception each said she had received no instructions when employed or when placed on the ward. They were simply put on the wards to pick up what they could or to attend lectures which were given once a week, but which contained no instructions about treating the mentally ill during the first year. There seemed to be a lack of preparation of these nurses for what they were to meet, and it is little to be wondered at that they are in many instances tactless and ignorant of what a nurse should be. One young girl in charge of 29 patients had never had any experience in nursing before. Another girl who some time ago arrived from Scotland was hired immediately after she arrived, sent out to the hospital, and put on the wards to work without any special instructions. This sort of story was repeated in many instances.

Although we did not leave the women's ward until 12 o'clock at night, not one nurse had any luncheon served to her nor was there but one nurse eating. One patient, R. M., was apparently in great distress and very unhappy, and no communication had been established with her because they could not find any one to speak her language. It would seem absolutely necessary, in order to properly treat this case, that some interpreter should be found.

On many wards there were from 30 to 40 patients. On one of the Washburns there were 39 patients on one ward. We found G. B. in bed restraint. Her arm was in splints, having been twisted by a nurse in a struggle and fractured. She told us the nurses often twisted her arm.

On one of the Hooper wards there were 21 patients and one nurse in charge, who came in January and who had never had any training or done any work

of that kind before. She had received lectures once a week but nothing to help her take care of mental cases.

Leaving the women's ward at midnight and entering the men's ward, we found different conditions there, and there is no question that we were not expected. No one was sent for before we entered the wards, but Dr. Scribner accompanied us, taking supervisor Wilson along with us after we entered his ward, where we found him writing at the desk. He has been there seven and one-half years, and seemed like an honest chap but not in very close touch with his ward. Without giving in order the wards which we entered, we would state that on Appleton wards 1, 2, 3 and 4 there were about 100 patients. All these patients were locked in, and are *locked in their several wards every night without any attendant in charge* during the night. A rather enfeebled man is supposed to make the rounds of these and some other wards every half hour, but should any occasion arise for the display of either strength or ability, it would be difficult to conceive of this man meeting the situation successfully. It was on Appleton 3 that two nights before we arrived a man had committed suicide, being found hanging by his suspenders in his room in the morning.

On Quinby 1, where there are about 24 patients, no attendant was to be found when we visited it. The ward was locked up and we found the attendant assigned to this ward eating on Salisbury 1 with the attendant of that ward.

Twenty-three patients on Quinby 2 were also locked up without a nurse or any attendant on the ward. The attendant we afterward found eating on Salisbury 2.

On Salisbury 2 we found two nurses eating in the dining room, and each had a gallon can of milk over half full when we arrived. Cake, bread and butter — the butter done up in small pats of oiled paper — constituted the meal. Waiting on them was a patient dressed, who said he usually did so, although the attendant on the ward tried to forestall his answer. The patient said his name was J. H., and that he washed dishes all day and at 12 o'clock at night waited on these attendants, washed their dishes and cleaned their tables as clean, as he expressed it, "as the tables over there," pointing to the nicely scrubbed tables in the other part of the room.

On Lincoln 1, 2 and 4 there were 65 patients who have no night attendant but are locked up and visited at intervals by an attendant on Lincoln 3.

Thayer 3 and 4, two wards on different floors with an open stairway, have one attendant in charge.

Salisbury 4 has no night attendant, the patients being locked up.

On Salisbury 3 we found three night attendants eating their supper at 12.30 in the dining room, two having left their wards alone and locked up. The attendants eating their supper were from Quinby 3, Salisbury 3 and Lincoln 1, 2, 3 and 4. The Quinby man, according to the supervisor, had been allowed to eat on the Salisbury wards with his permission.

One of these attendants, H. E. S., was an honest looking fellow, apparently wanting to be faithful. The supervisor said he had given him permission to eat with the others. S., who was about twenty years of age, told us he



had been at the hospital three weeks, and that he had never received any instructions as to what he should do when he came but just picked up what he could. This was the same answer that two other attendants gave us, and was the same answer that the nurses gave us. S. had never done nursing or had anything to do with patients before arriving at the hospital, but had been working on a farm doing ordinary farm work.

Other wards we found to be duplicates of this one. It seems a wonder that more accidents and sudden deaths are not recorded at this hospital when the above state of affairs exists. At any time an outbreak might take place on any of these wards, and a patient could get at other patients and kill half a dozen of them before any attendant could possibly learn of the fact.

A patient on Thayer 2 had a black eye and scratches on the face; another had a black eye, scratches on the temple, the skin being completely off for a space, and his wrist bandaged. On Washburn 3 J. M., said to be an epileptic, had a black eye. On Washburn 1 A. F. had a black eye; several bruises were noticed which we did not record.

On the next day, June 19, we interviewed Miss Leprade, of whom Miss Gilman had complained so bitterly. She seemed a frank and honest little woman, who with proper training would probably make a very good attendant. She lives with her family in Worcester. She was working out her two weeks' notice received from Miss McNeil, the head nurse, because Miss McNeil did not consider her of the right stuff to make a nurse. She acknowledged that she had called Miss Gilman a "bug" and had said she was a "state patient," but said she did not know any better, as she had never been given any instructions how to treat the patients, and those that seemed normal she treated as normal beings and spoke to them in that way, while in the back wards she never paid any attention to what they said or answered them back. She had been there a month; came with the idea of training; just came and asked for work; was put on Howe 2 one day and then on Phillips 2. She had been on four or five wards during the month she had been there. She was now on Phillips 4, where there were 3 nurses and 75 patients. She said she had received no help and that the head nurse had never spoken to her but once, which was the other day when she put her on notice for two weeks.

We interviewed Miss McNeil, who claimed she had instructed all nurses and never puts a nurse on the wards without fully instructing her. She says Miss Leprade is loud talking and not tactful on the wards. She has no fault to find with any of her work.

We interviewed last Miss M., twenty years of age, an intelligent little woman, who comes from Holyoke and has been accepted at the Salem Hospital, at St. Elizabeth's in Boston and the Worcester Hospital, but cannot enter any of these hospitals until she is twenty-one. She therefore came here until she was twenty-one and has been here seven weeks. She said she received such instructions as she could from the lectures once a week. When asked if she knew we were going to visit her ward before we came, she said yes, she knew we were coming ten minutes before we arrived.



The following day, June 19, 1914, the State Board visited the hospital and their report follows:

Today Dr. Michael J. O'Meara, Judge John W. Mason, Mr. Roger Wolcott and Dr. L. Vernon Briggs visited the Worcester State Hospital, going through most of the wards on both sides, into many of the little dining rooms, the occupational department, etc.

There are some things to be highly commended. The occupational work, so far as it is carried out, is excellent. It was a delight, also, to see so many patients out of doors in the sunshine and air, but more patients should be occupied in some useful or interesting work.

The food served in the little dining rooms did not look appetizing. The fish was mixed in with its own skin and bones, and a good deal was left on the plates after the patients had finished. The pudding, called "chocolate pudding," was evidently not a popular food, as dish after dish of it was emptied into the swill pail untouched. The bread was excellent, and in talking with the patients they evidently did not for the most part like the fish. They also complained of the butter, the tea and the coffee. Almost invariably they spoke well of the bread.

Some of the patients' teeth certainly need attention. Several of the patients while eating had difficulty and could only eat the soft parts of the bread and liquids.

The superintendent did not seem alive to the situation in the back wards or the routine or detail of the hospital, and it would seem as if he had too many patients to care for if we are to expect the hospital to reach the standard which it should have.

Quite a number of cases are waiting for social service work, which is sadly needed at this hospital. Miss Hanley, an alcoholic patient, is being sent out in the world, for instance, without the investigation and supervision which would be possible under a social service system. Miss Gilman, if properly handled by a social service worker, would probably be in the community; and so one might go on enumerating many cases which could be culled from the records.

The new wards under the name of Quinby are a great addition to the hospital, if it must be made larger. The continuous baths, it is hoped, will replace the wet packs.

The weakest point in this hospital is the nursing and attendant system, and it is difficult to see how good nurses can be induced to remain with such nurses as are at present giving a very bad name to the hospital.

We recommend that the superintendent of nurses be replaced at once, and an effort should be made to obtain the services of a superintendent of nurses who is acquainted with the right sort of nurses, to replace those at the Worcester Hospital who are causing a great deal of trouble to the patients as well as to the other nurses.

The same would apply to the attendants. On one of the Salisburys Dr.

Briggs spoke to an attendant whose breath was so strong of whisky that it was positive that he had been drinking only a few minutes before.

We feel that more instructions should be given the nurses before they enter the wards, and that some instructions along the lines of tactfulness toward patients and the skill that should be employed in handling mental patients should be imparted to them, so that they will not feel helpless as they now do to intelligently meet the situations which constantly arise.

Miss Emma Gilman, the patient whom I have previously mentioned as a frequent and intelligent correspondent from Worcester, continued to write me in regard to her grievances. She was later transferred to Danvers, where also she was very unhappy; but still later she was discharged into the community, and I have heard nothing of her for many years. Her discharge proves that, in spite of her many complaints, Miss Gilman was not considered irresponsible, and her statements should undoubtedly have received more attention.

## CHAPTER XVIII

CORRESPONDENCE WITH DR. SOUTHARD. — PROPOSED SEPARATION OF  
PSYCHOPATHIC HOSPITAL FROM BOSTON STATE HOSPITAL. — DR.  
CANAVAN'S APPOINTMENT, ALSO DR. STEARNS'. — BILL FOR  
A NERVINE HOSPITAL. — THIRTY-FIRST SEMIANNUAL  
CONFERENCE OF TRUSTEES AT THE STATE HOUSE

As suggested in my recommendations to Governor Walsh and as already told in "The History of the Boston Psychopathic Hospital," page 140, it was Dr. Southard's desire, as it was my own, to see the Psychopathic Hospital established as a separate institution rather than as a department of the Boston State Hospital, as we believed that it should function independently as a central institution, in co-operation with all the State hospitals, and not be dependent upon any one of them. As the Psychopathic Hospital had so recently been built under the direction of the Trustees of the Boston State Hospital, they were naturally loath to see this separation made; and it was not felt to be good policy for the Board of Insanity to insist upon the separation at that time, in spite of Dr. Southard's strong feeling in the matter, especially as the arrangement under the Boston State Hospital was excellent from an economic standpoint, the Psychopathic Department being dependent upon the main hospital for its laundry, bakery and other matters of administration. However, at Dr. Southard's request, I asked Lieutenant Governor Barry to put in a bill (House, No. 2000) for the separation of

the Psychopathic Hospital. This was referred to the Committee on Public Institutions on January 27, 1914, as follows:

HOUSE

No. 2000

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Bill accompanying the petition of Edward P. Barry and others for the establishment of the Boston Psychopathic Hospital as a separate institution. Public Institutions. January 27.

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### **The Commonwealth of Massachusetts**

In the Year One Thousand Nine Hundred and Fourteen.

#### AN ACT

To establish the Boston Psychopathic Hospital as a Separate Institution.  
*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

SECTION 1. The psychopathic department of the Boston state hospital shall be, and hereby is made, a separate institution for the observation and temporary care of the insane.

SECTION 2. The government of said Boston psychopathic hospital when established shall be vested in a board of three trustees, to be appointed by the governor, with the advice and consent of the council, of whom two shall be men and one a woman. One member shall annually in January be appointed by the governor for a term of three years from the first Wednesday of the February following. The members of the board first appointed shall hold office from the time of their appointment for terms expiring in one, two and three years, respectively, the length of terms to be designated at time of appointment.

SECTION 3. This act shall take effect upon its passage.

The bill was reported adversely; nevertheless I was willing to push it as Dr. Southard wished me to do, but some of the other members of the Board felt so strongly in the matter that at a special meeting of the Board, held at the Wrentham State Hospital on April 17, it was voted to take no action in regard to the adverse report. It was, however, decided to

enlarge the scope of Dr. Southard's work for the State, enabling him at least to introduce the psychopathic hospital idea into the other institutions, as our official representative. At the same meeting (April 17) a vote was passed requesting me to "draft a letter from the Board to the Trustees of the Boston State Hospital formulating the requests of the Board in regard to the functions of the Psychopathic Department — and to report the same to the Board at its next meeting."

Before drafting this letter I consulted Dr. Southard, who was always ready with constructive suggestions in regard to his own work and to that of the State in solving psychiatric problems, and Dr. Southard replied:

THE COMMONWEALTH OF MASSACHUSETTS  
BOSTON STATE HOSPITAL — PSYCHOPATHIC DEPARTMENT

74 FENWOOD ROAD, BOSTON, April 28, 1914.

Dr. L. VERNON BRIGGS, *Member State Board of Insanity, Boston, Mass.*

DEAR DR. BRIGGS: — You have asked me to formulate ideas which may be of value to you in drafting a letter concerning the relations of the State Board of Insanity to the Boston State Hospital. A portion of my ideas may be summed up as follows touching your inquiry:

1. I have presumed that at least \$3,000 per annum, available through Dr. D. H. Fuller's resignation, might well be applied to the continuation of his work, and also, if possible, to the stimulation of new clinical, social, pathological and research work, and that in future still more money could be applied as the program develops on the basis of concrete results.

2. I have presumed, secondly, that this work could be, for the time being and until it grew too large, supervised and directed by me in my capacity as pathologist to the Board. By the terms of my appointment in 1909 I was made supervisor of the clinical and pathological work of the institutions, although without laboratory or other aid except such as supplied by the courtesy of the various institutions. I should see in the plan formulated below only another step in general policy, although perhaps the first constructive step.

3. I would suggest, first, the appointment of Dr. A. W. Stearns on half time at a salary of \$1,000 to continue Dr. Fuller's work of visitation, investigation and report, and to develop work in after-care, prophylaxis and mental



hygiene. If it were possible, I would like him to be granted an office at the Psychopathic Hospital; but this is not absolutely necessary.

4. I would suggest, secondly, that Dr. Myrtelle M. Canavan be appointed on full time at a salary of \$2,000, to develop the work of the pathologist along clinical and pathological lines in accordance with established policy. As research officer she could perform autopsies, investigate special cases, study epidemics, and organize laboratory work in institutions at present without the means to do such work. On occasion she could be placed in an institution in an interregnum between appointments of pathologists, and make that institution a temporary center for work. Most of her work would be done in and from the Psychopathic Hospital.

5. Honorary titles for both these officers should, if possible, be secured from the Boston State Hospital so that their status in the Psychopathic Hospital would be recognized.

6. Perhaps my own title as Pathologist might, as has been suggested, be broadened to read "Pathologist and Research Director" to the Board. The best effect would probably be obtained if I remained on the salary list of the Boston State Hospital as Director of the Psychopathic Hospital. I cannot conceive that any doubt would exist concerning my allegiance to both organizations, since the objects of both, so far as they touch investigation, are identical.

7. I believe that in some such way both the work of Dr. Fuller and new constructive work on several lines can be forwarded, and for the present without great additional expense. Additional expenses would be limited to minor travelling expenses of the new research officer, a salary of about \$600 for a technician, and minor expenses for apparatus and materials. Perhaps the latter two items could be paid for out of the special investigation fund, if the Board were so minded, and that fund could be increased from year to year.

If you wish, I will forward data concerning the two persons proposed for the mental hygiene and pathological departments.

I am sending a copy of this letter to Dr. O'Meara.

Yours sincerely,

E. E. SOUTHARD, M.D.,  
*Pathologist, S. B. I.*

APRIL 30, 1914.

MEMORANDUM CONCERNING THE DESIRABILITY OF APPOINTING DR. M. M. CANAVAN AS ASSISTANT TO THE PATHOLOGIST (OR RESEARCH OFFICER) TO THE BOARD OF INSANITY

Myrtelle M. Canavan, M.D., Women's Medical College, Philadelphia, 1905. Special investigative work with Dr. A. M. Barrett, Director of the Psychopathic Ward, Ann Arbor, Mich. 1906.

Assistant pathologist, Danvers State Hospital, Massachusetts, 1907-10.

Pathologist, Boston State Hospital, 1910 to date.

Post-graduate work in Dr. Robert Sommer's Psychiatric Clinic, Giessen, Germany, 1912.

Elected member of the American Association of Pathologists and Bacteriologists, 1914.

Author of over 20 papers on nervous and mental diseases, bacteriology, epidemiology.

Dr. Canavan is now receiving a salary of \$1,300 and maintenance from the Boston State Hospital. She has received a call to Philadelphia as assistant physician in the Pennsylvania Hospital for the Insane under Dr. Owen Copp, who has offered her \$1,500 and maintenance. The Boston State Hospital trustees cannot meet this increase of salary.

The decision should be made, in the interest of all parties concerned, rather soon. On this account these data are brought to the attention of the State Board of Insanity in connection with a letter sent to Dr. Briggs concerning the medical policy of the Board.

I might add that as pathologist to the Board I believe that Dr. Canavan's remaining in Massachusetts would add tremendously to the volume and quality of the pathologist's own work, and would permit a continuous advance along the lines inaugurated at Danvers and Boston.

E. E. SOUTHARD, M.D.,  
*Pathologist, State Board of Insanity.*

THE COMMONWEALTH OF MASSACHUSETTS  
BOSTON STATE HOSPITAL — PSYCHOPATHIC DEPARTMENT

74 FENWOOD ROAD, BOSTON, May 5, 1914.

Dr. L. VERNON BRIGGS, 64 *Beacon Street, Boston, Mass.*

DEAR DR. BRIGGS: — I appreciate what you say concerning the question of what Dr. Canavan would do as assistant to the pathologist. A little explanation is necessary because I fancy that several members of the Board are hardly aware of the exact nature of my work as pathologist. My work as pathologist has been of a supervisory nature, and I have naturally given advice to all the pathologists in the different institutions upon my visits, which have occupied an average of forty days during the year. Many of these days have included week-ends and holidays, because I felt that the work of the pathologist must not slump simply because there was no money to pay for special work.

One of the most effective aids I have had in this work has been Dr. Canavan, whose candidacy for the position as assistant to the pathologist has come up. She has repeatedly spent her week-ends and holidays, either with or without me, on trips to Danvers Hospital, to Worcester Hospital and occasionally to Taunton and Westborough, in the search for material for scientific papers. Sometimes these problems would coincide with some in progress at her own hospital laboratory, and then it was proved possible to squeeze in the technical work alongside that of Boston State Hospital. Also, I should not

neglect to mention that the other pathologists in the State institutions have helped me in many ways, with time and occasionally with technique. Especially important, however, has been the fact that the Harvard Medical School neuropathological laboratory has been available, with its technicians and apparatus. With the consent of the authorities I have bent the energies of the neuropathological laboratory far in the direction of these S. B. I. researches, although the more academic researches, which are properly the topic of the neuropathological laboratory, have to some extent, I fear, suffered in the process. Any movement which will shift work from the Harvard Medical School to the Psychopathic Hospital will do two things, — it will serve to unify the State's work and it will serve to relieve pressure from the Harvard side.

Accordingly, if it seems that the pathologist has been doing this work with his own hands up to date, I must hasten to say that what he has done has been virtually on his own time and by means of resources not directly derived from the State Board of Insanity. Of course I do not mean that these researches could have been carried on without the special investigation fund of the State Board of Insanity, which has permitted the hiring of a special technician, a photographer, an artist, special stenographic aid and the like upon occasion, to bring together the results of the work. For all the work, also, we have given credit to the State Board of Insanity, and its name appears in the publications which have so far accrued.

The fact is that the work has now reached a point where assistance of a regular sort is necessary in order to carry out the plans already started. The work of the pathologist will remain incomplete if some such plan as that of employing Dr. Canavan is not executed.

Practically, too, we threaten to lose Dr. Canavan from the State altogether on account of the fact that Dr. Copp has asked her to come to his hospital at the rate of \$1,500 and maintenance, in a clinical position. This is undoubtedly a very good thing for Dr. Canavan, but it will sadly interfere with the State's work.

Perhaps emphasis should be laid upon the fact that the work which Dr. Canavan is to do is, although an extension of work begun, actually new work, and that work in greater volume will appear if she is appointed. The State Board of Insanity's Investigation Fund has been a Godsend to the pathologist during these years but the brains back of the work have been largely contributed.

I am sending by this mail copies of reprints entitled "Introductory Note to the State Board of Insanity Contributions" and to the "Psychopathic Hospital Contributions" respectively. It will be seen how closely identical these types of work are. I was only forced to the writing of two introductory notes because of official complications. We should finally effect some arrangement by which to publish all the things in one volume per annum so that we can get the best effect from the investigative work here in Massachusetts. I think that is only a natural step which we shall be forced to take in the course of time.

I feel that this is only a lame account of what we can do with Dr. Canavan in this new place, but I am greatly in haste to get this word to you, also to finish up my monthly report for the trustees before I leave for Albany to attend the meeting of the Psychopathological Association tomorrow.

Yours sincerely,

E. E. SOUTHARD,  
*Pathologist, State Board of Insanity.*

THE COMMONWEALTH OF MASSACHUSETTS  
BOSTON STATE HOSPITAL — PSYCHOPATHIC DEPARTMENT

74 FENWOOD ROAD, BOSTON, May 21, 1914.

Dr. L. VERNON BRIGGS, 64 Beacon Street, Boston, Mass.

DEAR DR. BRIGGS: — I am told that the Governor and Council have not yet granted permission for various hospital superintendents to go as delegates to the meeting of the American Medico-Psychological Association. I have myself to read two papers at this meeting, one of which, on "Manic Depressive Insanity," is a relatively important one, and I suppose I shall have to go even if my expenses are not paid. However, it does seem particularly hard to have to spend one's money on such a trip, especially if one is carrying results of scientific work. The work in question, on "Manic Depressive Insanity," was, as a matter of fact, largely performed under the State Board of Insanity special fund.

Some of the discussion which I hope to bring to the symposium on general paresis is, however, based upon Psychopathic Hospital work, and for that reason, and on account of the fact that the meeting would be in part held at the Phipps Psychiatric Clinic, I had thought it desirable to go to this meeting as a delegate from the Psychopathic Hospital. In point of fact, a small amount of money had been included in our appropriation for such a purpose. I suppose it is too late to do anything in this matter, but I want to record my regret at not having been made a delegate, as in former years.

As I told you when speaking about being delegated under the Board of Insanity for the meetings which I have already attended, I was also contemplating a trip to Atlantic City to the American Medical Association meeting late in June. At this meeting I am scheduled to speak on the "voluntary" and "not insane" cases received at the Psychopathic Hospital. I had naturally been planning to ask to be delegated from the Psychopathic Hospital. If you think it would be the better plan to ask to be delegated from the State Board of Insanity, I would do so. By the way, in this connection, Dr. Hanson tells me that both he and Dr. Wentworth had been delegated to the meeting of the American Medical Association in Atlantic City, and he said he did not think it would be possible for them both to be away at once. If this is the case, it might be possible to have one of these delegations transferred either to me or to some other appropriate person.

I have not heard as to action taken in the matter of Canavan and Stearns

and am therefore led to suppose that the trick cannot be turned this year at least. I fear that we shall lose Dr. Canavan's services in any case.

Sincerely yours,

E. E. SOUTHARD.

I feel that these letters are interesting, not only because they were written by a man who had already become eminent among psychiatrists all over the country, but because they show how close was the co-operation between the State Board and the hospitals. They, however, indicate but a very small part of the work necessary to bring about such co-operation; it called for many unofficial interviews with other members of the Board, with trustees, superintendents and other hospital officials, with members of legislative committees, with the Governor and the heads of other State departments (especially the Prison Commission and the State Board of Charity), with experts from our own and other States, with inmates of institutions and with certain members of the community. One cannot check up the educational influence of such free discussion between interested parties.

In accordance with Dr. Southard's suggestions and the desires of the Board I drafted a letter to the Trustees of the Boston State Hospital, which was accepted and duly forwarded to them by the Board:

*To the Trustees of the Boston State Hospital.*

The State Board of Insanity feel that the time has come when they should do more to encourage scientific investigation by the medical staffs of the various institutions under their supervision and report on the scientific and clinical work done therein. With this end in view, we feel we should enlarge the scope of the work of the State Pathologist and add to his title, State Pathologist, director of research or investigator for the State Board of Insanity. As State Pathologist, with the increased duties put upon him, it may be necessary to appoint an assistant pathologist whose special work



will be at the Psychopathic Hospital and at the other State hospitals when so sent by the State Board of Insanity or its officers. The State Board of Insanity would be willing to pay the salary of such an officer if you would provide accommodations and board for the same. Perhaps such an assistant pathologist could reside at the Boston State Hospital and direct the work necessary at the laboratory there.

As director of research or investigator for the State Board of Insanity, we would expect Dr. Southard, or the person occupying his position, to undertake such investigations into the nature, causes, treatment and results of insanity as shall most effectually aid the work of the State Board of Insanity. *We believe the Psychopathic Hospital should be a center of education and training of physicians, nurses, investigators and special workers.* We believe that the social service should be extended to facilitate the early discharge and after-care of patients, and investigate their previous history, habits, home and working conditions and environment, heredity and other causes of insanity, and endeavor to apply corrective and preventative measures. We believe the Psychopathic Hospital should serve in all possible ways as an investigation station of the State Board of Insanity.

There is now established in the Psychopathic Hospital our chemical laboratory, and it would be our desire to establish a pathological laboratory and to direct such of the above undertakings as shall apply to our scientific work for the prevention and after-care of insanity in all the institutions under our supervision.

We have decided that the psychopathic ward of your hospital shall be open for the admission of cases from any part of the State, provided the application be submitted in writing to the State Board of Insanity. . . .

We have also decided that no patient shall be kept at the Psychopathic Hospital for a longer period than three months without permission of the State Board of Insanity. We have further decided to transfer from any State hospital, at the request of the superintendent or the relatives of any patient, any case which, upon investigation, we feel would be benefited by transfer.

Dr. Southard's work was accordingly extended to the other State hospitals, with the able assistance of Dr. Canavan. She remained Assistant Pathologist until after Dr. Southard's death, in 1920, when she succeeded to his position as State Pathologist, in which position she remained until 1924, and was then appointed Curator of the Warren Museum at Harvard. Also, in accordance with Dr. Southard's suggestion, I nominated Dr. A. Warren Stearns as a member of the staff of the State Board of Insanity,

and he was duly appointed. He accepted this position on condition that it should not be allowed to interfere with other work which he had undertaken, writing me:

A. WARREN STEARNS, M.D.  
520 COMMONWEALTH AVENUE  
BOSTON

JUNE 4, 1914.

Dr. L. VERNON BRIGGS, 64 *Beacon Street, Boston, Mass.*

DEAR DR. BRIGGS:—Am writing to say that I have accepted the appointment to the staff of the State Board. My understanding of our verbal agreement is that it is understood by the State Board that I am to accept an appointment on the staff of the Boston City Hospital and the Tufts Medical School, such appointment to take three mornings a week for six months of the year; also that I hope to do consultation practice in neurology, such practice to conflict with my work on the State Board as little as possible.

Yours truly,

A. WARREN STEARNS.

Among the other bills which interested me at this time was one introduced by Senator Garfield to establish a hospital for the treatment of nervous diseases, which read as follows:

SENATE

No. 203

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To accompany the petition of George H. Garfield that a hospital be established for the treatment of nervous diseases. Public Institutions.

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### ***The Commonwealth of Massachusetts***

In the Year One Thousand Nine Hundred and Fourteen.

#### **AN ACT**

To provide for the Establishment of a Hospital for the Treatment of Nervous Diseases.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

SECTION 1. The governor, with the advice and consent of the council, shall appoint a board of three persons, one of whom shall be a member of the

state board of health, another a member of the state board of charity, and the third a practising physician, who shall constitute a board of trustees to construct, equip and maintain a hospital for the treatment of nervous diseases. The hospital shall be called the Massachusetts nervine hospital. The said trustees shall have authority to take land and buildings by right of eminent domain, or to purchase the same and to construct and equip the said hospital or sanatorium, to appoint a superintendent and to fix his compensation. The hospital shall be situated in a place to be selected by said trustees.

SECTION 2. The members of the said board shall hold office, one for the term of one year, one for the term of two years, one for the term of three years, and thereafter all for the term of three years, respectively.

SECTION 3. The said trustees shall be a corporation for the same purposes for which the trustees of each of the state insane hospitals are made a corporation by section twenty-three of chapter eighty-seven of the Revised Laws.

SECTION 4. For the purposes of this act the trustees may expend a sum not exceeding                    thousand dollars. No expenditure shall be made for the erection of buildings except for plans therefor, until such plans have been approved by the governor and council; and no such approval shall be given unless the governor and council are convinced that the cost of the real estate and the erection of the buildings, and the equipment and furnishing of the same ready for occupancy will not exceed                    dollars. The trustees shall have authority to make all contracts and to employ all agents necessary to carry into effect the provisions of this act.

SECTION 5. Said trustees shall have the same powers, and shall be required to perform the same duties in the management and control of said sanatorium which are vested in, and required of, the trustees of the various state hospitals, under authority of chapter eighty-seven of the Revised Laws.

SECTION 6. The trustees shall receive no compensation for their services, but they shall be reimbursed from the treasury of the commonwealth for all expenses actually incurred by them in the performance of their official duties.

SECTION 7. The trustees may appoint the physicians, assistants and employees necessary for the proper administration of the affairs of said sanatorium, and may incur all expenses necessary for the maintenance of the same.

SECTION 8. The charges for the support of each inmate in a state sanatorium shall be four dollars a week, and shall be paid quarterly. Such charges for those not having known settlements in the commonwealth shall be paid by the commonwealth, and may afterward be recovered by the treasurer and receiver general of the patients, if they are able to pay, or of any person or kindred bound by law to maintain them, or of the place of their settlement subsequently ascertained; but for those having known settlements in this commonwealth, the charges shall be paid either by the persons bound to pay them, or by the place in which such inmates had their settlement, unless security to the satisfaction of the trustees is given for their support. If any person refuses or neglects to pay such charges the treasurer and receiver general may recover the same to the use of the sanatorium, as provided in

section seventy-nine of chapter eighty-seven of the Revised Laws. A city or town which pays the charges for the support of an inmate of a state sanatorium shall have like rights and remedies to recover the amount thereof, with interest and costs, from the place of his settlement or from such person of sufficient ability, or from any person bound by law to maintain him, as if such charges had been incurred in the ordinary support of such inmate.

SECTION 9. There shall be a thorough visitation of said sanatorium by at least two of the trustees thereof monthly, and at, or immediately after each visitation a written report of the state of the institution shall be drawn up, which shall be presented at the annual meeting to be held between the first day of October and the first day of November. At the annual meeting the trustees shall make a detailed report in the manner required of the trustees of the state insane hospitals, and shall audit the report of the treasurer, which shall be presented at said annual meeting, and shall transmit it with their annual report to the governor and council.

SECTION 10. The accounts and books of the treasurer shall at all times be open to the inspection of the trustees.

This bill came to naught.

The question of a State hospital for nervous diseases came up almost yearly, but as the Psychopathic Hospital became better known, and, later, as outpatient departments were established by the various State hospitals, the activities in favor of a "nervine" hospital gradually subsided. It is unfortunate that no such hospital has yet been established as there is great need for an institution of this type both for prevention and after-care.

A private experiment has been very successfully made, in connection with the social service department of Boston State Hospital, of a small home for convalescent women patients, where they are taught to make marketable art needlework, etc. Not only are these women trained to be self-supporting if they shall be able to go back into the community, but their work at the home is sold to enable them to pay all or part of their maintenance while there, and, in some cases, it also furnishes them with a small per-

sonal recompense, thus helping them to regain a feeling of independence and self-respect. This Occupational Therapy Center, at Hopkinton, which was made possible through the generosity of Mary Cabot Briggs, should be taken over by the State, and similar convalescent centers, for men as well as for women, might profitably be established in connection with all of our State hospitals. The maintenance expense may be slightly greater than in the State hospitals, but it is far less than at the Psychopathic Hospital, and would be well worth while, as it would hasten convalescence and thus reduce the number of patients under State care, to say nothing of the conservation of human energy. Such places as this might also be used to arrest the development of mental disease in incipient cases, making commitment to a hospital unnecessary. Patients are now received at Hopkinton from any of the State hospitals.

The thirty-first semiannual conference of the Board and the trustees of the different institutions was held at the State House on May 19, 1914. Dr. L. Vernon Briggs, member of the Board, presided. The subject for discussion was Hospital Organization. (1) Trustees: object of and responsibility of. (2) Superintendent: duties of. (3) Officers and employees: organization of.

At this time every one connected with the management of the State hospitals was interested in the question of the proposed reorganization. The first subject discussed at this conference gave them an opportunity to express themselves, but they seemed slow to take advantage of it. I knew that many of the trustees were up in arms in defense of their time-



honored responsibilities, and that there was really much to be said on both sides, but I found it difficult to stimulate an interesting discussion of the situation. I made a point, as chairman, of calling first upon those whom I knew to be opposed to any change, but their statements were for the most part very general and cautious.

Dr. Samuel B. Woodward, chairman of the Trustees of the Worcester State Hospital, was the first to speak at this meeting. His address was a somewhat lengthy generalization of the value of fine men and women as trustees, and the only personal touch was in the following statement which seems hardly to have been confirmed by the Worcester newspapers at the time of the Worcester hearings. I quote from the annual report:

Casting modesty to the winds, it can be stated as a fact that the recent attacks on the Worcester Hospital and the Grafton Colony of the Worcester Asylum have had no support in the community in which they are situated, for it is realized in Worcester County that the seven trustees are honorable men and women interested in these institutions, capable of overseeing the work done there, personally desirous of making these institutions as perfect as the means allotted by the legislative body will allow, and desirous of seeing them not only equal to but better than other similar institutions in this State and outside of it.

The same thing is true in the other communities where State hospitals are situated, and in my opinion this generous rivalry is a most desirable asset of the present system.

Dr. Woodward terminated his remarks with a reference to Horace Mann who, in 1832, had been trustee of the Worcester State Hospital, citing his ideal relation with the superintendent as an example to be followed. Dr. Houston, superintendent of the Northampton State Hospital, next spoke

of the assistance rendered to the superintendent by the right sort of trustee, concluding:

As to the trustees shaping the policies of the institution, they are ever busy with their own affairs, usually not experienced in the care of the insane and the close management of institutions, which is a highly specialized line of work. They must rely upon their superintendent to advise them in such matters. He should naturally be the man who can shape the policies of the hospital. His training, experience, study and association with others in the same specialty should fit him to keep in the front ranks of progress. He should, as he does, present these matters to the trustees, and they, having several points of view from which to consider them, are able to make valuable suggestions and corrections, so that as finally presented, the policies of the institution are shaped by trustees and superintendent working together.

I made a futile effort to lead the discussion to the question in which we were all so much interested:

I would like to bring before the conference a possible plan which the trustees would perhaps discuss or touch upon as they speak. I suppose everybody is interested to know what the joint committee on ways and means and public charitable institutions are doing, and I have also been interested to know. As near as I can find out, one of the most likely plans they are now discussing is whether it would be wise to transfer the powers of the trustees to the State Board of Insanity, and the State Board of Insanity's powers to the trustees; in other words, making the trustees a supervisory and administering body, with recommendations to the State Board of Insanity, and the Insanity Board the final body, virtually transferring the powers. This plan is under discussion, as I understand, in the joint committee. It may not amount to anything more than a little talk in their own committee, but I think it would be rather interesting to hear what the trustees think of the plan of making the trustees a supervisory body, visiting body and recommendatory body to the Board of Insanity.

My efforts were in vain, however. Dr. Walter Channing, who next took the floor, also confined himself to very able generalizations on the system then in vogue, with no reference to the question of reorganization. I quote one paragraph from his address:

Trustees should make frequent visits of inspection, independently and together, but do this under the guidance and with the co-operation of the

superintendent. It is sometimes the habit of trustees to make sudden and unexpected visits. The writer believes that more harm than good results, for there is a suggestion that things may not be quite as they should be. Suspicions may be engendered which are a bad thing anywhere, but particularly in an institution. If the trustees have selected a superintendent of the highest grade they should trust him implicitly and not try to catch him unawares. If he is not worthy of confidence, the sooner they get another man the better.

Dr. Fernald next spoke at some length and hardly more to the point, defending specially the business management of the institutions which had been assailed by the Commission on Economy and Efficiency.

Mr. Edmund A. Whitman, chairman of the Trustees of the Gardner State Colony, then spoke up in criticism of existing conditions:

It is very easy for a meeting of this kind to develop into a mutual admiration society, and to say what fine people we are as trustees and how beautifully we are doing the work imposed upon us. I, therefore, feel very reluctant to speak my own views in any form of generalization, at least regarding what is required of anybody but myself, and I must therefore be pardoned if I speak from a purely personal standpoint of the shortcomings I feel myself, as a trustee, under conditions as they are, with the resultant injury to the institutions, of which I have presided very nominally over one.

In the first place, when I come to a meeting, I am generally asked, by statute or by practice, to do several very foolish things. We are presented with a schedule of bills incurred during the month and asked to approve them. That is necessarily, so far as I am concerned, a matter of pure form and a waste of time, because I realize that without a great deal of labor and a great deal of inquiry I have absolutely no information by which to check these bills which would be of any use to anybody; still, that is one of the things we are expected to do. Even if I should venture to suggest to the superintendent that some price he had paid, or some quality he had selected, was not the best for the institution, I know he has given that his conscientious attention, and I hesitate very long before I differ with him. Then a little later in the meeting I am presented with a list of employees who have been with us three months, no one of whom I have ever seen, or seen enough to know the capabilities of, and I am asked to vote on their confirmation. I have absolutely—I use the word absolutely—not sufficient information upon which I can act, and as a matter of fact, in the ten years' history of the Board with which I am connected, I have never known any trustee to

question for a moment the confirmation of these employees. They have passed, as a matter of course.

Then we come to the recommendations of the superintendent in his monthly report, and there again we do perform, to some extent, a valuable service, because the superintendent is, as has been suggested, more or less quarantined, is a man apart from the community, and there may be, and there sometimes are, suggestions which he makes as to policy which it is wise to submit to people who come from the community, to get what impression such a policy would have upon the community at large. We, therefore, are able, coming from the community, to give him such suggestions as would assist him in carrying out the work, by letting him know how the community at large would be likely to feel about it. These are, on the whole, of the most general kind. I remember one suggestion in the early period of our institution where the superintendent wanted to employ a landscape architect to lay out for all time the future development of the institution. His trustees thought that was, in the language of the street, "going some," and did not approve it.

When we have selected a superintendent, about all we can do is to hold his hand, or to uphold his hand, because when he is good enough to ask us individually or collectively for our advice our heads swell with false pride if we really know something about it; I know I do not. I can only give him the vaguest kind of impressions as a citizen of the Commonwealth. The function which, it seems to me, is left to the superintendent is that which Dr. Woodward so well expressed as indicating to the community that there are certain people taken from the community having oversight over that institution who, in a vague and general way, are able to guarantee that patients are humanely treated and can answer such questions as may be put to them. I personally have had very few questions in ten years put to me by the community, but I am quite willing to believe that there are a large number of people who are satisfied with the management of the institution because I personally happen to be there. It is very gratifying to feel so.

There is that general supervisory power and interest which is of value to the community, but when it comes to directing the superintendent, I feel a good deal of hesitation in doing anything of the kind; and yet, the superintendent is responsible to the trustees and to nobody else. If the State Board should have, for instance, some particular policy which it thought should be, in its larger experience, enforced in any particular institution, it has absolutely no power other than of recommendation. It seems to me, therefore, that we are — that I have been — somewhat remiss in my duty in not having advised more definitely the combination committee on Ways and Means and Public Charitable Institutions that they are certainly on the right track in swapping duties between the trustees and the State Board, because the State Board, through its official staff, is giving its entire time. We are there getting a greater degree of expert knowledge and supervision than does take place with our local boards of trustees.

I have been, on the whole, pretty thoroughly dissatisfied personally with



the results in our institutions of the local boards; not that I mean to decry our institutions; I think they are admirably managed, but that is because the superintendents we have had have been, on the whole, admirable men and admirable managers. Yet when it comes to the selection of a superintendent, I, for instance, having had that duty thrust upon me, with others on the committee, have felt extremely helpless without going to the State Board to get such recommendations and suggestions as they might make, and then following them up in such ways as may be. In effect, the superintendent is appointed by the State Board, although with the concurrence of the local board, and that necessarily must be so.

Dr. George M. Kline, superintendent of the Danvers State Hospital, next presented a paper with a carefully studied chart of hospital organization which had been in effect at his hospital for over a year.

Dr. BRIGGS. Dr. Kline starts his typewritten explanation with the treasurer. I suppose he thinks that is the most important matter, but I see nowhere any mention of the State Board of Insanity.

Dr. KLINE. That criticism has been brought up before. As I explained, it is merely a direct line of control, and no supervision is indicated here at all.

Dr. BRIGGS. Do away with the State Board of Insanity?

Dr. KLINE. Absolutely no. We believe that the State Board of Insanity is supervisory merely, and in this plan of organization we show merely the line of control.

Dr. Kline evidently changed his point of view, for two years later, in August, 1916, he was appointed head of a commission which was given entire control of all the State work for the mentally ill, which position he has retained for twelve years, having greatly strengthened it and centralized the work.

As chairman I then presented statistics of forms of organization in other States, after which Dr. Frank G. Wheatley, president of the Board of Trustees of the Massachusetts School for the Feeble-Minded, spoke in regard to the proposal of reorganization. His remarks were cautious, but he seemed willing to try the experiment. He said in part:



Of course, the Boards of Trustees are at the present time under more or less of a storm of criticism, and I, for one, believe it is a good thing. I believe any organization or any plan of work that cannot be investigated, and thoroughly investigated, and come out with success shows by that fact that it should be investigated. Our Boards of Trustees, as a rule, have been doing good work, and I welcome intelligent investigation and intelligent criticism and a fair report of the conditions found. I think this commission have done as well as could be expected, not being themselves experts in the line of work that they were called upon to grasp, — not being especially fitted to go into institutions like the Waverley school and others and determine whether matters were being well administered. Lacking special qualifications, it seems to me they have done very well.

With regard to the chairman's suggestion that the trustees and the State Board of Insanity change places, I feel as if the matter was one that was worth considerable careful thought. I am not closely in touch with the trend of legislative matters, and did not know that this suggestion had been considered. I am glad to know it and shall give it careful consideration.

The thought comes to me that one of the important features of our present system is that each Board of Trustees has a special institution to take care of, and has an intimate knowledge of the needs of that institution, and therefore is possibly in better condition to administer its detailed affairs than a central board would be.

Dr. Edward French of the Medfield State Hospital was then called upon, and presented the subject of hospital organization very clearly. He said:

. . . The superintendent of a hospital . . . to do his best work should know every case under his charge. The human memory is limited in its capacity and there is a limit to the number of cases a mind will hold. I believe the best work can be done in a hospital of about 600 patients. Unfortunately this limit is usually exceeded for convenience or economy. . . . A pathologist should be independent of the staff with the exception of the superintendent. He should be a free lance in medical work. It is a question in my mind whether the clinical director should not be entirely independent of the pathologist, especially in a large hospital. In a small hospital the two positions may be combined. . . . Laboratory assistants are a necessity in a well-equipped hospital. . . . No matter how good the staff may be, it is the nurse who influences the patient. It is the personal attention, sympathy, tact, patience and interest in the patient on the part of the nurse that make the most for comfort and recovery. Hence it follows that this branch of the organization should be of the best. . . . Superintendents of nurses and supervisors should be superior persons with executive ability, and, at the same time, models and teachers to those under their authority. . . . I venture to say that there is no patient, however far advanced in dementia, who

may not be helped in some degree by the patient personal attention of an industrial teacher, either his regular attendant or one who comes into the ward for that purpose. . . . Unfortunately, good nurses are not always good head nurses. Some of the best, possessed of sympathy and tact, lack executive ability.

Dr. Henry LeFavour, trustee of the Boston State Hospital, said:

I agree with Mr. Whitman that some of the work expected of the trustees is at present rather poorly done, but I think he is wrong in the remedy. Undoubtedly, the trustees would be wasting time if they examined all the items in the bills for food, yet there is a good principle involved in having this schedule of bills approved by the trustees. There must be some authoritative statement to the Auditor that the disbursements are authorized, and this can properly be done only by the trustees or their representative, since they alone have the right to expend the money appropriated by the Legislature.

It is not a very alluring proposition which the chairman has suggested, — that the functions of the State Board and of the trustees be interchanged, since it would mean an exchange of the visiting powers of the Board for all the governing powers of the trustees. Moreover, since the trustees already have the duty of visiting their institution, and the State Board must continue to visit either personally or by deputy, if they are to discharge their new duties intelligently, this proposition means simply that the trustees are to become unpaid inspectors, and all management is to be concentrated in the State Board.

Before so radical a change is adopted I should like to see the merits of the present system given a more complete trial. I think we have not carried it on in the best possible way. The State Board of Insanity has not done what it might have done in educating and advising the trustees. If this has been due to a desire not to intrude upon the trustees it has been a mistake. I feel sure that the trustees would welcome advice and even direction. So far as our Board is concerned, I cannot recall a single communication from the State Board that had to do with our duties as trustees. This has been due, I am sure, to a feeling of consideration and nothing else.

What I should like to see, Mr. Chairman, is that larger means should be given to the State Board for more thorough visitation and inspection; that they should have experts for the inspection and criticism of the various services at the hospitals, — dietaries, therapeutics, administration, domestic service, nursing, purchasing and building; that they should obtain the very best information regarding every one of these things, not only in the United States but in other countries, and that the results of these inspections and these investigations should be laid before each Board of Trustees for the purpose of calling to their attention the possible lines of improvement and the



SENATOR MELVIN S. NASH  
(SEE "OCCUPATION *versus* RESTRAINT")



defects in their own institutions as compared with the State standard. If the Boards of Trustees had such information and advice they could discharge their duties much more intelligently than is possible today.

Why, then, it may be asked, should not the whole work be done by the State Board, and the separate Boards of Trustees abolished? The answer has already been given by previous speakers. There is no question but that a local Board intimately acquainted with the special needs of its own institution and in sympathy with the patients and their friends is a valuable asset in the administration of this great problem and is vastly preferable to a purely centralized government with necessarily bureaucratic methods.

Dr. H. O. Spalding next spoke on the question of hospital organization, but added nothing new to the discussion. Then I again made a few remarks, as follows:

I would like to add a word to what Dr. Wheatley and Dr. Woodward have said. We must not feel we are content in doing our work as well as our predecessors. I think, as Dr. Woodward said, Worcester ought to do better than any other hospital if it could be done. I believe we should not feel we are content with doing our work as well as our predecessors or as other States. We should not be satisfied until we do it better than others have ever done it. We must always feel vigor and enthusiasm, and not get discouraged over what seems to be insurmountable. I think the time is coming when we have got to use surgery in our hospitals, — when we must add surgeons to our staffs to keep our population comfortable, so that they can have operations which are necessary in a daily life of from 1,000 to 2,000 patients; also, along the lines of the glandular developments, I would like to hear from Dr. Southard as to what we can do, or some plan by which we can improve our present organization. We look to Dr. Southard for the scientific inspiration of the work on our wards.

Dr. Southard spoke at some length, describing, among other things, the German system of running institutions. He concluded:

What little efforts have been made in this country to secure proper and well-differentiated business management of institutions have developed a two-headed system wherein the medical director and the warden come sooner or later (as a rule, sooner) to loggerheads with one another. The practical economic question is, shall medicine or business lead? It is obvious that medicine must in the long run control. Efficiency in our institutions to my mind demands that the medical superintendents, if they are to remain in



any sense medical, shall possess much more efficient and highly trained business subordinates than they are found to possess. The good medical man in many of our institutions has turned into a poor business man.

When I make suggestions like these to various persons, my remarks are not always received with acquiescence, simply because many persons believe that what has been must be. I would only ask any of you to look into the operations of the German system to see whether what I say is not true, — that the Germans attain business efficiency, medical dominance and no two-headedness.

DR. BRIGGS. Judging from Mr. Whitman, it seems to me it is a matter of detail. I understood him to say that a great deal of the trustees' time was spent in looking over bills of very small amounts and approving or disapproving them. I do not know what the treasurer is for if he is not to go over them and approve or disapprove them, and of course you have the Auditor's department which has that directly under its supervision. It does seem as if the bills of an institution should be gone over by the treasurer, or a subcommittee, and if there is any question it should be brought before the trustees, so that they could take more of their time for more important matters.

The Board of Insanity is now organized into committees, and the finance committee takes a lot of detail work off of our members and gives us time for the larger problems. Our social welfare committee takes another bunch of work off our hands and gives an opportunity for larger problems.

As soon as we know what is going to happen in the general round-up, perhaps we can follow out Dr. Lefavour's suggestion and be of more help to the trustees.

Dr. Ernest V. Scribner, superintendent of the Worcester State Hospital, said:

Relative to the organization of the different departments, the duties of officers and employees, I would say that it has seemed to me that sometimes, after appointing a presumably efficient head of a department, the appointing officer has proceeded to try to administer that department for him. We should get as our assistants, whether medical or otherwise, people who are as large people as possible, people who have ideas of their own; we should have conferences with them and take them into our counsel and discuss the affairs of the institution with them. In other words, we should teach these people to think with and for us in the administration of the institution. Certain problems should be given them without bias, and they should be asked for an expression of opinion on how to deal with those subjects. In that way we can stimulate the personality of each individual and make him feel that he is a very essential part of the management of the institution and adding dignity to the work he is doing.

So far as the duties of the superintendent are concerned I quite agree

with what has been said, — that they must vary in accordance with the size of the institution. I believe that if an institution of more than 600 persons is established, then the superintendent must depend more or less largely upon the reports of subordinates for the detailed information. He will be able to know a certain percentage of his patients and will be able to know them intimately, but he cannot come in close personal contact with all. Now in an institution of 2,000 patients there must be somebody to whom the individual is a human entity and who has a sympathetic feeling with that individual and where the element of humanity must be introduced. I think we superintendents are trying to live up to the requirements of our own ideals and those of the supervising boards, and are also trying to accommodate ourselves to the means that are given us to accomplish these ideals, and it is a pretty difficult proposition, as most men know, to be able to harmonize the different situations that arise in connection with this.

Dr. John H. Nichols, superintendent of the State Infirmary, was the last speaker, and I then summed up as follows:

I think we are all agreed that the boards of trustees, the superintendents and the State Board are just working for one thing, and that is, some constructive program, some constructive work. I think we do need encouragement and recognition of the good work that has been done in every way, but if we dwell only on the good work done and are not willing to receive criticism we shall not get very far. I believe that there are certain vital conditions for the trustees and superintendents to take in hand, — conditions that have existed for a great many years, which seem to be insurmountable. One is the frequent changing of the nurses and attendants. There was a committee of superintendents appointed to study that question, and I hope they are still studying it and that the work they have done will not be stopped but will be carried to some successful end, so that the attendants will be eliminated to a great extent, and the grade of nurses will be so raised that we shall be able to keep them and graduate them and have them out in the community, not only as nurses, but as educators among the families and public.

There are altogether too many changes among the assistant physicians. That is due, probably to a great extent, to lack of funds, but I think if you ask for more funds, and bring out the reason why you want more money for assistant physicians, you will get it. More than that, you have got to educate them more along the lines of psychiatry. *I do not believe a superintendent can educate his assistant physicians and take care of his patients if he has over a thousand.* I think the Psychopathic Hospital will eventually train all the men we need for assistant physicians, interesting men from the medical schools in this specialty. Men who teach mental and nervous diseases can pick out and interest promising students and try to steer them into this line of work and to the Psychopathic Hospital, and from there many would go

to the State hospitals. I do not see how else we can get good assistant physicians who are going to remain. As it is today, a good many nurses and attendants who come to the insane hospitals for a job have no interest in the work whatever. A good many assistant physicians are young men who have failed in hospital appointments and are unable to start in private practice and must take a position where they can obtain a living wage. All these standards should be raised; superintendents and trustees should continue their work along these lines.

## CHAPTER XIX

THE PROCESS OF REORGANIZATION BEGINS. — GOVERNOR WALSH'S MESSAGE ON REORGANIZATION SUBMITTED BY COMMISSION ON ECONOMY AND EFFICIENCY. — GOVERNOR CONSULTS WITH L. VERNON BRIGGS. — HEARINGS OF COMMISSION ON ECONOMY AND EFFICIENCY BEGUN BEFORE JOINT LEGISLATIVE COMMITTEE

As I have already related, Governor Walsh in his inaugural address had recommended that a central purchasing bureau for all of the State institutions should be established, and especially that the powers of the State Board of Insanity should be extended and the State hospitals reorganized. Shortly afterwards, on February 9, the special report to the Governor, House, No. 2137, of the Commission on Economy and Efficiency was made; and on February 11 Governor Walsh sent to the Legislature a message embodying that report, from which I make the following extracts:

THE COMMONWEALTH OF MASSACHUSETTS,  
EXECUTIVE DEPARTMENT, BOSTON, Feb. 11, 1914.

*To the Honorable Senate and House of Representatives.*

In my inaugural address to your honorable bodies, I recommended that "there be established a central purchasing agency for all the State departments and institutions, and that careful study be given to plans for reorganization under a central administrative body, — a method of administration which has been adopted with marked success in several States with great saving to the public treasury."

I now have the honor to transmit to you a plan for the reorganization of certain State departments providing for a central board of control which has been prepared by the Commission on Economy and Efficiency, and which, in its essential particulars, meets the recommendation made in my inaugural. The report of this Commission is entitled to your most careful consideration.

It comes to you from that department of the State government which has been especially entrusted by the Legislature with the duties and responsibilities of advising you on this particular problem, and after study and investigation of State institutions covering a period of several months.

In the report herewith submitted, the Commission finds, after thorough investigation, that our present system of managing the institutions of the State is faulty and leads to waste and unnecessary expense, and recommends, in the interest of economy and efficiency, a complete reorganization of all the State activities in dealing with its institutions should be undertaken.

### *The Commonwealth of Massachusetts*

FEBRUARY 9, 1914.

*To His Excellency the Governor, State House, Boston, Mass.*

DEAR SIR:— In its annual report for the year 1913 the Commission on Economy and Efficiency stated that it would recommend, in detail, such a reorganization of the different State boards having to do with the care of the various wards of the State and having control of the institutions for the care of insane, defective, delinquent and dependent persons, as would center the administrative work for all such institutions entirely in the hands of one central organization.

### PLAN I

#### A CENTRALIZED CONTROL UNDER A BOARD OF FIVE COMMISSIONERS EMPOWERED TO VEST IN ONE DIRECTOR THE DUTIES OF ADMINISTRATION

##### COMMISSION ON PUBLIC INSTITUTIONS

##### *Director of Institutions*

Appointed for indefinite term by Commission on Public Institutions, subject to approval by Governor. Salary to be determined and removal to be effected in same manner.

##### *Executive Secretaries*

Four executive secretaries (in addition to business agent) to be appointed by the director, subject to the approval of the Board of Commissioners, — same subject to removal by the director, upon approval of the Board or by a majority vote of the Board.

##### *Division of Work among Executive Secretaries*

The work of these several secretaries would be primarily the direction of affairs in the various institutions, assigned somewhat as follows:



*Executive Secretary for Insane*

Boston State Hospital.  
Danvers State Hospital.  
Foxborough State Hospital.  
Northampton State Hospital.  
Taunton State Hospital.  
Westborough State Hospital.  
Worcester State Hospital.  
Gardner State Colony.  
Medfield State Asylum.  
Worcester State Asylum.  
School for the Feeble-Minded.  
Wrentham State School.  
Monson State Hospital, for epileptics.

*Business Agent*

To carry out such directions and orders as may be issued to him by the director, and to have full authority in his division, subject to the director.

UNPAID BOARD OF THREE VISITORS FOR EACH INSTITUTION

To be appointed by the Governor and approved by the Council.

PLAN II

SUPERVISION AND ACTUAL CONTROL BY A BOARD OF FIVE COMMISSIONERS, TO GIVE ALL THEIR TIME TO THE DUTIES OF THEIR OFFICES, AND TO BE CHOSEN WITH PARTICULAR REFERENCE TO THE SEVERAL DIFFERENT PROBLEMS INVOLVED, FROM AN ADMINISTRATIVE AND CORRECTIONAL STANDPOINT

## STATE INSTITUTIONS UNDER SUPERVISION OF STATE BOARD OF INSANITY

[From the annual report of the Board for 1912]

NAME	Location	When opened	Area occupied (Acres) <sup>1</sup>	Total Valuation <sup>1</sup>	Average Number of Patients, 1912	Capacity of Institution <sup>1</sup>	Average Number employed, 1912	Appropriation for Expenses, 1913
<b>Hospitals for the insane: —</b>								
Worcester <sup>2</sup>	Worcester	Jan., 1833	578	\$2,120,772 12	1,360	1,289	334	\$335,350 00
Boston	Boston (Dorchester)	Dec., 1839	234	2,195,065 22	1,015	1,154	300	404,500 00
Taunton	Taunton	Aug., 1854	333	988,169 59	1,034	1,073	270	272,300 00
Northampton	Northampton	Aug., 1858	511	1,018,383 00	897	819	156	186,200 00
Danvers	Danvers	May, 1878	509	1,847,897 16	1,452	1,366	282	354,600 00
Westborough <sup>3</sup>	Westborough	Dec., 1886	708	1,025,190 53	1,190	1,201	324	322,350 00
Foxborough <sup>4</sup>	Foxborough	Feb., 1893	103	349,280 88	399	299	78	103,500 00
Totals, hospitals	.	.	2,976	\$9,544,758 50	7,347	7,201	1,744	\$1,978,700 00
<b>Asylums for the insane: —</b>								
Worcester Asylum <sup>2</sup>	Worcester	Oct., 1877	15	\$1,246,600 03 <sup>4</sup>	1,181 <sup>4</sup>	1,219 <sup>4</sup>	281 <sup>4</sup>	\$290,900 00 <sup>4</sup>
Colony	North Grafton	Nov., 1902	889	—	—	—	—	—
Medfield Asylum	Medfield	May, 1896	441	1,742,289 30	1,795	1,542	358	357,598 00
Gardner Colony	Gardner	Oct., 1902	1,608	623,241 86	671	650	123	141,500 00
Totals, asylums	.	.	2,953	\$3,612,140 19	3,557	3,411	762	\$789,998 00
Totals, hospitals and asylums	.	.	5,929	\$13,156,898 69	10,904	10,612	2,506	\$2,768,698 00
<b>Hospital for epileptics: —</b>								
Monson	Monson	May, 1898	687	\$823,625 80	871	853	183	\$234,325 00
<b>Schools for the feeble-minded: —</b>								
Massachusetts School for the Feeble-minded	Waltham	Oct., 1848	160	\$1,010,398 62 <sup>4</sup>	1,430 <sup>4</sup>	1,140	261 <sup>4</sup>	\$303,820 89 <sup>4</sup>
Colony	Templeton	May, 1900	1,814	—	—	300	—	—
Wrentham School	Wrentham	June, 1907	495	429,576 72	359	380	62	95,250 00
Totals, schools for the feeble-minded	.	.	2,469	\$1,448,975 34	1,789	1,820	323	\$399,070 89
Totals, all institutions	.	.	9,085	\$15,429,499 83	13,564	13,285	3,012	\$3,402,073 89

<sup>1</sup> Nov. 30, 1912.<sup>2</sup> Aug. 1, 1913, there were 304 officials and employees: 125 at Worcester,

179 at North Grafton.

<sup>3</sup> Worcester Hospital and Worcester Asylum directed and controlled by same Board of Trustees.<sup>4</sup> Has also a number of cases of inebriety and drug addiction, for whose treatment it was originally established.<sup>5</sup> Total for asylum and colony.

# BOARD OF INSANITY

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## INSTITUTIONS UNDER SUPERVISION OF STATE BOARD OF INSANITY

NAME OF INSTITUTION	Number of Trustees	Number of Inmates <sup>1</sup>	Classes of Inmates <sup>2</sup>
Worcester Hospital . . .	7	1,300	Curable and incurable insane.
Boston Hospital . . .	7	1,236	Curable and incurable insane.
Taunton Hospital . . .	7	1,103	Curable and incurable insane.
Northampton Hospital . . .	7	872	Curable and incurable insane.
Danvers Hospital . . .	7	1,412	Curable and incurable insane.
Westborough Hospital . . .	7	1,237	Curable and incurable insane.
Foxborough Hospital . . .	7	370	197 insane, 173 inebriates <sup>1</sup> (male).
Worcester Asylum, <sup>3</sup> . . .	7 <sup>4</sup>	1,150	Chronic insane transferred from hospitals.
Medfield Asylum . . .	7	1,721	Chronic insane transferred from hospitals.
Gardner Colony . . .	7	686	Chronic insane transferred from hospitals.
School for the Feeble-minded . . .	12 <sup>5</sup>	1,441	Male and female feeble-minded.
Wrentham School . . .	7	404	Male and female feeble-minded.
Monson Hospital . . .	7	887	Epileptics, sane 535, insane 352. <sup>1</sup>
Total trustees . . .	89		

<sup>1</sup> On Oct. 1, 1912.

<sup>2</sup> The inmates of insane hospitals include a certain number of female inebriates, the number of this class committed to each institution during the year ending Nov. 30, 1912, being as follows:—

To Worcester Hospital . . . . .	7
Boston Hospital . . . . .	1
Taunton Hospital . . . . .	1
Northampton Hospital . . . . .	3
Danvers Hospital . . . . .	7
Westborough Hospital . . . . .	28

<sup>3</sup> Includes Grafton Colony.

<sup>4</sup> Same board as of Worcester Hospital.

<sup>5</sup> Six appointed by Governor and Council, six by corporation.

## PRESENT CONDITIONS CONSIDERED

### CASES OF DIVIDED AUTHORITY IN THE SUPERVISION OF CERTAIN STATE INSTITUTIONS

It will be interesting to consider, briefly, the divided authority affecting some of the different institutions.

#### *State Infirmary*

The State Infirmary at Tewksbury is an institution directed by a board of seven trustees, nominally under the supervision of the State Board of Charity. There were on November 30, 1912, 2,233 inmates at the infirmary, of whom 728 were insane and 1,505 were hospital patients. Of the hospital patients 370 were minors, some of whom were feeble-minded.

These various classes come within the direct control of the trustees, but involved in the supervision of the institution, beside the State Board of Charity, is the State Board of Insanity, which has the same powers in connection with the mental wards here that it has in hospitals and asylums for the insane, except that it has nothing to do with business matters.

#### *State Farm*

This institution has the same Board of Trustees as the infirmary, and as a whole is under the supervision of the State Board of Charity. On November 30, 1912, it had 2,598 inmates, 351 being paupers, 1,459 prisoners and 788 criminal insane. Since the insane are all convicts, the insane hospital here is supervised by both the State Board of Insanity and the Prison Commissioners. The Prison Commissioners also have power to transfer certain classes of prisoners to and from the State Farm, some on their own initiative, and some on the initiative of other authorities, such as, in certain cases, the Governor and Council. Any inmate originally committed to an institution under control of the Prison Commissioners and by them transferred to the State Farm would apparently come within the jurisdiction of the Board of Parole, though such cases would doubtless be rare. Parole of prisoners committed in the usual way to the State Farm is arranged by the trustees and the State Board of Charity.

#### *Norfolk State Hospital*

The State Board of Charity is the only supervising body. The Board of Trustees is, however, the same as that of Foxborough State Hospital, for which the trustees are under the supervision of the State Board of Insanity. The State Board of Charity has presented a bill to the present session of the Legislature for the creation of a separate Board of Trustees for this institution. This hospital is not yet open for commitments, receiving patients only by transfer from Foxborough Hospital. The number of inmates November 30, 1912, was about 40.

#### *Insane Hospitals and Asylums*

No board other than the State Board of Insanity has any power of supervision over State institutions for the insane, feeble-minded and epileptic. The State Board of Charity, however, is charged by section 4, chapter 84, Revised Laws, with the duty of investigating the settlements of paupers in these institutions, and enforcing the laws relative to the support of sane State paupers by cities and towns. (The enforcement of these laws would apparently apply only to institutions for epileptic and the feeble-minded.)

CLASS OF INMATES	STATE CHARGES		REIMBURSING		PRIVATE		TOTAL AVERAGE
	Average Number	Percent-age	Average Number	Percent-age	Average Number	Percent-age	Number
Insane: —							
In institutions . . .	11,036	87.69	747	5.94	802	6.37	12,585
Under family care . .	249	84.98	13	4.44	31	10.58	293
Totals, insane . . .	11,285	87.63	760	5.90	833	6.57	12,878
Epileptics, feeble-minded, etc., in institutions . .	2,444	94.47	23	0.89	120	4.64	2,587
Totals, all classes . .	13,729	88.78	783	5.06	953	6.16	15,465

There is little question but that the original purpose of the creation of the Board of Insanity was to establish a body who would have general control and oversight of all matters affecting the insane wards of the State. Their testimony makes it clear that the actual operation of the present method results in no actual control whatsoever exercised by the Board of Insanity over the administrative features of any insane hospital supposed to be under its care. A similar central control was supposed to be secured through the placing of different institutions under the Board of Charity, but the result has been a failure to control, exactly as in the case of the Board of Insanity.

There has been apparently little standardization of departments in these institutions, either as to what departments there shall be or as to what each shall comprise, so that the superintendents in the different institutions have varying organizations, some of which entail much more burdensome duties upon them than others. In three institutions coming under the supervision of the State Board of Insanity the superintendent is required to do the purchasing for the institution, one of these institutions being the School for the Feeble-Minded, where the strongest recommendation for the employment of the present superintendent is that he is an expert in the care of the kind of patients with which he is supposed to deal. It might be submitted that in such case, with all the other duties which he is expected to perform, the superintendent can have little time to give attention to medical questions. If there is a treasurer the department is usually limited in size; the steward's department varies greatly from one institution to another. For example, at the Westborough Hospital there are 71 employees in the steward's department, and he has charge not only of purchasing and storing the supplies, but apparently, in practice, of all cooking and most of the serving in all parts of the hospital. In Worcester and Taunton hospitals the steward has charge not only of the supplies but also of the farm, and the head farmer is subject to his direction, whereas in most other institutions the head farmer is a sepa-



rate official reporting directly to the superintendent. In fact, the employees under the steward's direction vary so greatly from one institution to another that it is absolutely impossible to predict, after studying one institution, what employees will be found under the steward of the next considered.

This lack of standardization is very unfortunate because it makes it practically impossible to tell, without a separate study of each hospital, asylum or school, just what work is being carried on by this important department in each one.

This situation is not by any means peculiar to the steward's department, however, as almost all the other departments are equally, or almost equally, unstandardized.

The varying number of employees required to do the work in similar institutions is also noteworthy. It is probably best indicated by the ratio of employees to inmates in the various institutions, especially in the institutions under the supervision of the State Board of Insanity, because these institutions are in the main similar in their character and purposes. We find that one hospital has as many as 1 employee to 3.38 patients, while another has 1 employee to every 5.75 patients, and that in the asylums the ratio varies from 1 to 4.20 to 1 to 5.45. This variation is not so extreme, however, as is noted when the ratios of persons employed in the medical and ward service to the inmates under their care are worked out. When these ratios are considered we find that while one hospital has a doctor or nurse to a little over every five patients, another has one such employee to each group of more than ten patients, the total variation between the institution with the lowest ratio and that with the highest being from a ratio of 1 to 5.31 to a ratio of 1 to 15.35.

Lack of uniformity in salaries and wages seems to be characteristic of almost all institutions. In the institutions for the insane, feeble-minded and epileptic which are supervised by the Board of Insanity, the highest salary of a superintendent is \$5,000 and the lowest salary \$2,500; but there is not so great a lack of uniformity as appears, since ten of the superintendents at these institutions receive \$3,000. The superintendent of the Boston Hospital is paid \$4,000, \$1,000 of which is in consideration of his services in connection with the Psychopathic Hospital.

Considering other salaries, however, we find greater variations. Assistant superintendents, who in the main do medical work, receive from \$1,500 to \$2,000 a year, male physicians from \$600 to \$1,800 a year, female physicians from \$600 to \$1,500 a year, pathologists from \$1,000 to \$2,500 a year, treasurers from \$1,000 to \$2,000 a year, and stewards from \$1,200 to \$2,000 a year.

It should be noted also that the majority of the nurses and attendants who are really the bulk of the working force on the wards get comparatively small salaries, three-quarters or more of the total receiving \$30 a month or less, and a very large number \$25 or less per month. This, of course, includes maintenance, but it should be considered that much of the work of nurses and attendants is of a peculiar and exacting character and that these rates of pay will not secure experts to do this work.

# BOARD OF INSANITY

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## BUILDING CONSTRUCTION

The problem of constructing buildings to care for the many activities of the Commonwealth becomes more serious each succeeding year. Various State institutions call for improvements and changes at every session of the Legislature. The following table, showing the amount of money expended under different classifications for the last twenty years, is of interest in this connection:

YEAR	Insane Institutions	Amount
1893 to 1912, inclusive	Worcester State Hospital . . . .	\$566,994 48
1893 to 1912, inclusive	Taunton State Hospital . . . .	558,420 36
1893 to 1912, inclusive	Northampton State Hospital . . . .	457,460 65
1893 to 1912, inclusive	Westborough State Hospital . . . .	730,081 61
1893 to 1912, inclusive	Medfield State Asylum . . . .	1,103,156 93
1893 to 1912, inclusive	Massachusetts School for the Feeble-minded	726,382 43
1893 to 1898, inclusive	Massachusetts Hospital for Dipsomaniacs .	19,770 05
1897 to 1912, inclusive	Danvers State Hospital . . . .	461,447 56
1897	Massachusetts Hospital for Epileptics . .	24,478 39
1899 to 1912, inclusive	Worcester State Asylum . . . .	774,000 00
1899 to 1912, inclusive	Gardner State Colony . . . .	571,500 00
1899 to 1912, inclusive	Wrentham State School . . . .	523,600 00
1899 to 1912, inclusive	Monson State Hospital . . . .	593,540 00
1899 to 1912, inclusive	Boston State Hospital . . . .	1,149,000 00
1899 to 1912, inclusive	Removal Worcester Asylum to Grafton Colony	400,000 00
1899 to 1912, inclusive	Purchase of Boston Insane Hospital . .	1,000,000 00
1899 to 1912, inclusive	Bridgewater State Farm . . . .	325,000 00
1899 to 1912, inclusive	Tewksbury State Infirmary . . . .	120,000 00
1899 to 1912, inclusive	Foxborough State Hospital . . . .	178,150 00
		\$10,282,982 46 <sup>1</sup>

<sup>1</sup> Includes land, buildings, equipment and furnishings when not separable.

The first hearing on the Governor's message on the reorganization of Boards and Commissions having supervision and control of State institutions was held before the Joint Committee on Ways and Means and the Committee on Public Institutions, sitting together, on March 12, 1914, and these hearings were continued at frequent intervals for several weeks.

In opening the hearing on March 12, John N. Cole, chairman of the Commission on Economy and Effi-

ciency, explained at some length the position of his Commission. He stated that the pro rata of dependents in the various classes in State institutions was larger in its relation or in its percentage to the population than in any other State in the Union.

"The number of people who are being cared for today," he said, "irrespective of population, is greater here, with the single exception of New York State, than in any other State in the Union." Owing to the great increase of cost in maintaining the State institutions, of which Mr. Cole gave detailed figures, showing that the cost of maintaining State institutions had increased sevenfold in the past forty years while the cost of maintaining the other business of the State had only increased two and a half times in the same period, he urged the necessity of a careful reorganization of the business of the State; declaring at the same time that his Commission had no idea of reflecting in any way upon the personnel involved. He said there had not been a single suggestion of graft or dishonesty in any institution that they had gone into, and that their sole query was as to whether or not there might be some arrangement whereby better results might be obtained for economy's sake and for efficiency's sake. "We have testimony, Mr. Chairman [of the Joint Committee], which we shall be glad to present, which we believe the trustees themselves will agree to, that the present method is very much like this: that the Board of Insanity, for example, have acknowledged to our Commission and will acknowledge to your committee that they have no real control over a single insane institution in this Commonwealth. We have testimony, Mr. Chairman, by members of the Board of Charity, which we believe they will acknowledge, that they haven't any control over a single institution in this Commonwealth. We have testimony, Mr. Chairman, — and in both of these cases they suggest this control is vested in the various trustees of the different institutions. We have testimony that will show in the second step that these trustees acknowledge that the business administration of the institution is left entirely to the superintendent as their agent. We have testimony, Mr. Chairman, that will show to you in many of the larger institutions, where fifteen or eighteen hundred patients are involved, the superintendent will acknowledge that much of the details of administration are left to minor clerks drawing less than three thousand dollars a year salary, that has been suggested in error in the report of this Commission.

"Now, Mr. Chairman, in other words, the direct control of many of these activities is today vested in men who draw small salaries, who have small capacity, and who have no responsibility to either the trustees directly, the State Boards directly, or the Commonwealth itself directly, and to secure that responsibility is the purpose of this Board at the present time.

". . . Again, at these various institutions in the Commonwealth we find

some of the very best farms in different stages of development, that are serving the institutions very efficiently; we find others that are serving the institutions very inefficiently. We believe that by this central clearing house it would be possible to so reorganize the farming industry that there could be created one central clearing house, by which the land in one section of the State that was adapted to raise one particular crop would find a market in all the other institutions of the State for that efficiently raised crop, — through interchange.

" . . . They are building in some institutions, Mr. Chairman, buildings that are so far away from the factory type that the cost per unit is double the average cost per unit of housing the people of any city or in any town in this entire Commonwealth, and our Commission believed it might wisely call your attention to some reform along this line that would at least make the burden upon the people who are paying these bills for the care of the wards of the State whose interest they have at heart no greater than that which they bear for maintaining their own homes. . . ."

Mr. Cole also spoke very highly of the disinterested services of the trustees of the various institutions, but claimed that under his proposed plan of reorganization these same men and women, as Boards of Visitors, would be enabled to give even better service than they had given in the past.

Mr. Tyrrell, of the Commission, also spoke at some length, saying:

We feel that at present there is too much decentralization of authority, owing to the cleavage of power, division of responsibility, duplication of effort, conflict of authority and duplication of procedure and expense; also decided lack of uniformity of accounting methods, not wholly due to the varying nature of the requirements of the institutions but resulting from diversity of individual ideas. Methods of accounting should be installed in all State institutions to safeguard the Commonwealth, obtaining from the State all the revenue to which it is entitled and a careful analysis of all money expended. . . .

In conclusion, this Commission believes that the time has come for a centralization of control of State institutions for the care of the insane, charitable and correctional wards of the Commonwealth, and it is hoped that the report of the Commission on Economy and Efficiency will be read throughout by every legislator and all those connected with the management of the State's institutions. . . .

The State Board of Charity was heard first in *opposition* to the proposed bill for reorganization and consolidation, and its executive secretary, Mr. Kelso, presented a long and detailed argument against the report of the Commission. Under questioning from Mr. Cole, Mr. Kelso admitted that the State Board of Charity, which had been established in 1863, had not changed its fundamental principles, although in the beginning the buildings and grounds of the institutions under its supervision had been owned by the State and the cost of maintenance, etc., paid by cities and towns and by individuals.

Several members of the State Board of Charity who were heard on the afternoon of the same day seemed to take the criticisms in the report of the Commission as more or less personal. Miss Fanny Curtis made a long plea for the continuance of the separate Boards and for the maintenance of the "splendid services of the unpaid Boards of Trustees."

Dr. Moore, of the Monson State Hospital, took up the argument for the trustees. Under questioning from Mr. Cole he made a poor showing for the methods of bookkeeping then in vogue in several institutions, which made it possible to transfer money appropriated from one item of expenditure to another. He showed, however, that these transfers had to be approved by the State Auditor. Mr. Cole said in criticism of this method:

I wish to bring out the point that there are transfers made from maintenance accounts in many of the institutions to relieve special appropriations, and there is where there is grave responsibility resting upon the local trustees.

Dr. Moore denied that such transfers were ever made at Monson. Nevertheless, Mr. Kelso's state-



ments and those of the superintendents and trustees of the various institutions under the State Board of Charity and the State Board of Insanity, though all were unanimous in opposition to the bill proposed by the Commission on Economy and Efficiency to consolidate all the State charitable institutions, the State hospitals and the State prisons under a single Commission, went to show that the present system, while it encouraged initiative in progressive communities, was much too lax in business methods, and that the merely supervisory powers of the central bodies provided for no uniformity of administration nor of treatment. There appeared to be as many methods in vogue as there were Boards of Trustees, some of them doing excellent progressive work, while others were old-fashioned and provincial in their outlook. But there was no doubt that all the trustees were much interested in the management of their institutions, and they undoubtedly gave much valuable service to the State which it was claimed could not be secured under any other system.

The members of our own Board, though they realized the limitations of their power under the existing system, felt that a consolidation of the Boards of Insanity and of Charity with the Prison Commission would not help matters; it would be a backward step — the administration of State hospitals was an entirely different proposition from that of charities or of corrections, and there would be real danger to the medical side of their work if these institutions were classed together under one central commission, however efficient that Commission might be.

At the hearing of March 13 Joseph Lee of the Boston

School Committee attacked the bill from several aspects. He said:

. . . I was chairman of a committee which carried on the agitation that created the Board of Insanity. Incidentally, it created the Board of Charity. The one thing we had in mind — the one thing we cared about — that we all worked for for two years — was that we should have two specialized supervisory boards. . . . We had no idea we were giving control to these supervisory boards. The whole principle was that the supervisory function should be separated from control. . . .

Mr. Lee proceeded to argue that professional services could not be divorced from administrative work in the institutions without seriously hampering the professional work, and to urge that the control of the institutions must continue to be by the local Boards of Trustees rather than by a central body, which, he claimed, would not have time to appreciate the special needs of the institutions. Mr. Lee admitted that the appointment of a State architect would be a good thing.

Ellerton James, trustee of the Wrentham State School, made a strong plea for the efficiency of the administration under the Boards of Trustees, and claimed that it would not be possible to find men of a sufficiently high caliber to control the institutions through a central body, as suggested by the Commission on Economy and Efficiency, for salaries which the State could possibly afford to pay.

Mrs. William H. Lothrop, formerly general secretary of the Associated Charities, urged the continuance of the present system. She spoke very warmly in favor of the administration of various Massachusetts institutions.

The entire hearing of March 18 was devoted to the

discussion of the mode of procedure, between Mr. Cole, Senator Ward and Mr. Tilley of the State Board of Charity, who objected to the questioning to which he was being submitted. After a conference with the committee, Mr. Cole sent the following to our Board:

THE COMMONWEALTH OF MASSACHUSETTS  
COMMISSION ON ECONOMY AND EFFICIENCY

ROOM 110, STATE HOUSE, BOSTON, March 18, 1914.

Dr. CHARLES E. THOMPSON, *Executive Officer, State Board of Insanity, State House, Boston, Mass.*

DEAR SIR:—In accordance with an agreement with the subcommittee hearing House Bill No. 2137, this Commission is submitting a statement setting forth specific cases illustrative of present methods of organization and administration, which it believes are unsatisfactory. The references on enclosed statement are to stenographic reports of conferences held with this Commission.

Allow me to repeat what has been emphasized from the beginning of this discussion, namely, that the Commission on Economy and Efficiency is not bringing charges against individuals, but is citing instances of what it considers faulty administration, solely for the purpose of illustrating the Commission's contention that the present system of organization and administration is unsatisfactory.

Respectfully yours,

JOHN N. COLE,  
*Chairman.*

The Commission on Economy and Efficiency submits for consideration the following summary of conditions which are believed to be unsatisfactory and to be susceptible of improvement by adoption of House Bill No. 2137:

1. The function of policy making is not so effectively performed by the several Boards of Trustees as it would be performed by one central board having authority to insure the adoption of such policies as it decided upon.
2. Responsibility for administration of State institutions is not so placed as to insure efficiency, and in some instances the responsibility is divided among several Boards.
3. Supervision as exercised by the Board of Insanity is inadequate for securing efficiency.
4. Control as exercised by the trustees of institutions is inadequate for securing efficiency, and in some respects control is placed too largely in the hands of the superintendents.
5. Present business activities as distinguished from professional, custodial and correctional activities are not efficiently performed, — in particular the

work of (a) purchasing, storing and issuing equipment, materials and supplies; (b) conducting institutional farms; (c) constructing buildings; (d) accounting and reporting.

6. Present defects in the administration and operation of State institutions are largely due to (a) placing policy-making power together with authority and responsibility for management in the several Boards of Trustees; (b) absence of adequate executive organization with authority over institutions and agencies performing the same function; (c) faulty organization within the institutions; and (d) inadequate methods for utilization of farm products and of inmate labor.

NOTES RELATIVE TO TESTIMONY OF STATE BOARD OF INSANITY BEFORE COMMISSION ON ECONOMY AND EFFICIENCY UNDER DATE OF JANUARY 14, 1914. SUGGESTIONS RELATIVE TO RELATION EXISTING BETWEEN BOARD AND LOCAL BOARDS OF TRUSTEES

Considerations of the Board relating to plans of trustees.

Board's powers recommendatory solely.

Trustees select sites; recommend types of buildings; prepare estimates of costs. Board approves tentative plans.

Board's architect scrutinizes plans and estimates of trustees.

Recommendations of Boards of Trustees not intimately scrutinized by Board.

Types of buildings submitted with plans by trustees and reviewed by Board. If conflict, conferences occur with trustees and Board.

Comprehensive plans of institutional development rested in the minds of Board and trustees.

Trustees select locations for buildings.

Trustees get money under appropriation for work. In certain instances, plans of Board submitted to trustees for approval.

Board has no power *in re* selection of superintendents. Trustees do this.

Architect of Board reviews plans submitted by architect of Board of Trustees. Matter reviewed by Board. In matters of disagreement trustees can go ahead, appearing before the Legislature, and can evidently go over the Board if they can prove their case.

Director of industries in employ of Board has no power over institutions. Can but stimulate and suggest relative to the work done therein.

Board does not plan for trustees. Merely reviews plans submitted. Board does not generally consider request for trustees to make changes in buildings. Board does not think maintenance money should be used to help out special appropriations.

Members of Board not possessed of detailed knowledge relative to administrative matters at institutions.

Board admits that money appropriated for maintenance is diverted in pay rolls and for actual purchases to relieve special appropriations.

Business relations between Board and institution. Bills of institution

scrutinized by Board. Board claims a tendency exists for stewards of different institutions to unite in buying large amounts. Need not do so under ruling of Board.

Attitude of trustees in the matter of plans on development, etc., not fixed. Subject to change.

Items of cost reviewed by Board with estimates submitted from trustees. Board requests trustees to consider suggestions made (but does not order them to so do).

Trustees decide on certain types of hospitals. Board goes no further than suggest.

NOTES RELATIVE TO TESTIMONY OF STATE BOARD OF INSANITY BEFORE COMMISSION ON ECONOMY AND EFFICIENCY UNDER DATE OF JANUARY 23, 1914. SUGGESTIONS RELATIVE TO RELATION EXISTING BETWEEN BOARD AND LOCAL BOARDS OF TRUSTEES

Relation of Board to State Infirmary and State Farm.

Responsibility of superintendents of hospitals to Board; appointments of superintendents made by trustees never discussed by Board.

Board's relation to Infirmary and Farm as close as its relation with other institutions supervised by it.

Board's relation with Charity Board; Psychopathic Hospital at Tewksbury; difficulty *in re* status of patients therein; trustees frequently fail to inform Board of the purposes for which structures are erected.

Bridgewater trustees appoint medical officers and pass upon discharge of patients who are criminals. Insanity Board opposed to this exercise of power by trustees.

Trustees of Bridgewater and Tewksbury deal with criminal, insane and paupers. Insanity Board opposed to this plan. (a) Charity, Insanity and Prison Commission exercise supervision over Bridgewater; lines of demarcation.

Mr. Kelso's statements *in re* laboratory at Tewksbury and classes of patients to be cared for in new laboratory building.

Board has nothing to say about Taunton State Hospital's business management. Sole responsibility of such with local Board of Trustees.

Store-room accounting done with regular office force; this unsatisfactory; work demands a specialist.

Business methods *in re* purchase of goods by institutions' agents a matter of concern for trustees and superintendents. Board not related to this either in a financial or supervisory way; institutions free (trustees) to accept or reject suggestions of Board.

Board states it is impossible to obtain data *in re* time given by superintendents of institutions to business and medical work.

Relative to items of maintenance, Board has no control over disposition of maintenance appropriations. No positive law covering this subject. Actual management rests with trustees.

Board approved plans for Grafton; Board not certain of any responsibility in this matter; later thought responsibility existed and then modified plans.



Board disclaims all responsibility in the matter of location of sites of buildings at Grafton.

Board's knowledge of future developments at Grafton limited.

Trustees do not always act kindly upon suggestions of the Board.

Trustees at times openly opposed to suggestions from Board.

Colony plan a matter for trustees of each institution. Board again disclaims responsibility in the matter of building sites.

Board admits that study of development of institutions is hopeless when not possessed of the proper power to put into effect conclusions of study.

Board admits gross mistake in the matter of general construction at Grafton.

Faulty locations of buildings due to lack of proper employment of experts.

Mr. Hall of Board deplores feebleness of Board; merely complimentary. He believes law should increase powers of Board.

A thoroughly equipped one-man superintendent of an institution impossible to the mind of the Board.

Board's powers again stated as entirely inadequate; if held to supreme responsibility Board should have more power of a mandatory nature.

Trustees in cases cited not amenable to suggestions from Board and in some matters act with absolute freedom.

Mr. Wolcott, new member of the Board, urges concentration of control of charitable, insane and correctional wards of the State. In harmony with views of Commission on Economy and Efficiency. Unit system urged by Dr. Briggs.

Board not certain that uniform insanity tests are used at all institutions alike; classification of inmates at institutions unsatisfactory to Board. This due to control of various Boards of Trustees. Each institution attempts to classify its own patients.

Board simply passes on annual requests as presented to it.

Institutions do not have good men in charge of store books; at Boston State Hospital insane patient keeps the books. Board has no authority over form of accounts; auditor's office in control.

Trustees and superintendent at Monson possessed of no real knowledge of farm and equipment of same.

Figures relative to farm cost made for comparisons only and not accurate.

Board's inspection at the State Infirmary goes no further than recommendations and criticisms.

Board has no right to install farm store's accounting system in institutions under its supervision. No system now existing in this regard at institutions.

On March 24, Dr. O'Meara was the first person heard by the committee. He opened his statement by reading from a paper on the "History of the Board," which he had read on February 20 at the meeting at

the Twentieth Century Club; this article put before the Committee very clearly the limitations of an unpaid Board, even though Dr. O'Meara illogically pleaded for its retention. He said:

According to one's interpretation of the law the duties of the Board in its relation to all these institutions may be regarded as supervisory and limited, or searching and unlimited. Perhaps in its broadest interpretation the law would seem to exact a service so comprehensive, so special and technical, so time-consuming and continuous, that only experts specially trained in administrative matters, with unlimited time and prepared to devote it all to the work, could possibly serve.

I have never believed the intent of the law admitted any such interpretation, because thereby the possibility of service on the Board of any except those of independent means would be precluded, and I believe that all classes should be represented on a Board which has the study and solution of problems which intimately relate to the welfare of the public at large. . . .

Every year we have been more or less handicapped for funds, due to the despotism of restrictive legislation.

Our limitations have been and are the limitations of all Boards having an advisory prerogative without mandatory powers, whose problem is tremendous, many-sided and shifting, whose members give but a portion of their time to the work, and who have to rely on advice and suggestion to influence, stimulate and co-ordinate the point of view of fifteen superintendents and numerous *trustees in whom the law absolutely vests the management of the individual hospitals.*

Dr. O'Meara, continuing to display the weakness of the Board, said:

The Board as at present constituted is a new Board with an executive officer who has served it but two and one-half years and has now resigned. During this time he has worked under difficulties which have made constructive effort impossible.

The oldest member of the Board, with the exception of myself, has served about a year, and the other members have all been appointed within the last twelve months. Four members have had nothing to do with past policies and are in no sense responsible for them. They are open-minded, as I myself am, and have only to be shown to agree to any plan that they can be convinced is for the best interests of the State.

We have agreed that the present system is not perfect, and we are ready to co-operate to make it better. We do not think either of the two plans proposed by the Commission on Economy and Efficiency offers any better solution of our difficulties than a further development of the plan now in use.

We are not prepared to offer advice until we have had more time, more working experience and more opportunity for co-ordinate study.

*Two years ago the Board first employed a consulting architect to assist it in supervising plans, and the first year the architect reviewed major plans. This year he reviewed everything. We need a consulting architect, and we would like to employ one permanently and if deemed advisable will share his efforts with Prisons and Charities. This year for the first time we employed a firm of consulting engineers, made up of specialists and experts in the different subdivisions of engineering. We think we need a consulting sanitary engineer on all plans for sewage, water works, heating, ventilating, etc., and we are willing to share his efforts with Prisons and Charities. . . .*

With regard to the business management, we think there is sufficient legislation to give the State Auditor power over accounting so that he can develop an accounting system. . . .

I think that you agree that we need more power, at least some of us feel that way. I myself do not see how we can be given very much more power and held to very great responsibilities in connection with it without giving up all our time to the work, and I hardly think it is fair to expect unpaid boards to do it, and I don't think it is fair, either, to drive people who bring themselves to personal service in efforts of this kind, because they have not means so that they can dispense with the necessity of making a living. In the matter of centralization or general control I do not think we have reached an agreement, except as we feel that with more power and after more study perhaps we can develop a plan that will make the present system more perfect. We think the place for supervision is at the top and not in the middle, and that the responsibility under the law is vested in the trustees, and the collection and furnishing of administrative detail is no part of our function.

Under questioning by Mr. Cole Dr. O'Meara made a still poorer case for the existing Board. It was clear to all that he felt himself to be on the defensive. Judge Mason was heard on the same day and proved to be an even weaker advocate of the existing system than Dr. O'Meara, inasmuch as he showed in his replies to questions but a very superficial knowledge of the real relation of the Board to the institutions or of the plans and policies of either the Board or the institutions. He said:

. . . We feel that we have been put on the defensive and as though it was a report consisting largely of criticism, and I, for one, regret that the chairman did not see fit to give more of the history of the accomplishment of the

Board. I had no particular practice in those things, certainly only in a small way and recently, but there have been some things accomplished and I do not feel quite that we are ready to admit that all the conditions are unsatisfactory, and it seems to me that there is a heavy burden imposed upon any commission or committee which undertakes to fundamentally revise the system of administration of institutions throughout this Commonwealth. . . .

As to the policies of the different Boards of Trustees, I have known them as they have developed only and as matters have been brought specifically to the attention of the Board. I don't recollect that the reports of trustees' meetings have been submitted to us. We have known that certain institutions were outlined for the care of special cases, that is, the colony type in one place, the incurable or asylum type in another, and we have known something of the policies with reference to the housing of the feeble-minded at Wrentham. We have known of their plans for development and we have known something of the progress of these plans, but I cannot give from memory just what they expect at Wrentham — but I am informed that they have a plan. I have seen such buildings as were on the ground at the time of my last visit in August, and I am getting familiar with the problems as fast as I can, but there are quite a number of public institutions, and it is quite a task to go around among them, and the acquirement of knowledge on these institutions is, on the whole, rather a slow process. . . .

Mr. Cole questioned Judge Mason at some length, but his interest seemed altogether in the details of the housing and maintenance of patients, for which Dr. O'Meara had already testified that the Board had no direct responsibility. Mr. Cole tried unsuccessfully to bring out any statement as to the policies of the Board or even an admission that the Board had any direct responsibility for the work of the State in the care and treatment of the mentally ill. Judge Mason's replies were mainly indefinite and inconclusive. Before Judge Mason retired Senator Tetler put one question:

SENATOR TETLER. I would like to ask you if the Boston State Hospital submitted plans and specifications for your Board for new construction amounting to \$725,000 how much time would you give to that proposition?

JUDGE MASON. I cannot tell you. The details of these plans are investigated in the office by our executive officers and taken up with the consulting architect. I do not know personally.

In reporting Dr. O'Meara's address the "Evening Transcript" of March 24, 1914, said in part:

#### DR. O'MEARA'S ESSAY

**Member of Insanity Board reads Statement. Says Responsibility rests with Trustees. Inclined to dodge Cole's Direct Queries. Cannot expect Too Much of Unpaid Body**

Having Ambassador Page in mind, apparently, Dr. O'Meara dodged all the "Yes" or "No" answers which Commissioner Cole tried to get out of him, and when close pressed selected here and there from voluminous type-written pages for his replies. While the answers did not always seem responsive, therefore, they were undoubtedly safe.

Dr. O'Meara in opening read at some length a review of the accomplishments and possible criticisms of the methods and policy of the State Board of Insanity. This paper seemed to be largely historical. The witness said that in general the Insanity Board has had a policy of construction, that its members get along pretty well with the Boards of Trustees of the various institutions, which it supervises; and that its principal limitation seems to be in funds, and that this has resulted from despotic legislation. . . . After the reading, Commissioner Cole brought out that the Insanity Board has power to approve requests for appropriations, but that it has no power to direct their expenditure.

COMMISSIONER COLE. Have you ever opposed the blanket appropriations in your reports?

DR. O'MEARA. No.

COMMISSIONER COLE. Yet you call it a bad method?

DR. O'MEARA. Yes.

To further questions by Commissioner Cole, Dr. O'Meara replied that the Insanity Board had not made any recommendation for relieving the present stress in Worcester, and that while the point of view of the witness might have changed since he appeared before the Economy Commission it was because his "knowledge of conditions" had been "enhanced."

COMMISSIONER COLE. As a matter of fact you have transferred your responsibility to two executive officers?

DR. O'MEARA. Yes, it becomes a question how far a member of an unpaid board should be held responsible.

COMMISSIONER COLE. Absolutely. We are about ready to rest our case, Mr. Chairman. Dr. O'Meara says that the State Board of Insanity is without responsibility to the Committee on Ways and Means, and yet it directs a considerable State enterprise.

The Grafton Colony was then touched upon by Commissioner Cole. "Under Dr. Copp," said Dr. O'Meara, "we were responsible, but not under Dr. Thompson (Dr. Copp's successor). We were 'let in on it' by the trustees."

Continuing, Dr. O'Meara said that members of the Board may make two



visits a year to the various institutions, or that the visits may be delegated to the paid officers.

He was asked if there was any working plan for making such visits, and said there was none until two weeks ago.

COMMISSIONER COLE. Did you ever say that the policy of Boards of Trustees has no fixed value?

DR. O'MEARA. Did I say that? I don't know.

Asked if he had any recommendations to make in regard to the policy and management of the institutions, Dr. O'Meara said that he had not expected to be called upon for recommendations. "I do think," he concluded, "that there is more potentiality in the unpaid Board than has ever been got out of it, but the unpaid Board can't be asked to do much work." Dr. O'Meara, the senior member of the Board, has had a place on it eight years.

Judge John W. Mason of Northampton, who has been a member of the Insanity Board since December, 1912, and ranks next to Dr. O'Meara in length of service, said that the Board has not much knowledge of the details of management of the various State institutions under its supervision and that this is true of most boards of the kind.

COMMISSIONER COLE. What is your knowledge of the policy of the various Boards of Trustees?

JUDGE MASON. I don't recall that the reports of trustees were ever submitted to us.

I was called before the Commission on Economy and Efficiency the same afternoon and said in part:

Our Board has been undergoing a reorganization in that we have, as Judge Mason stated, only one member of the old board on the new.

Dr. O'Meara has spoken for the whole Board, and the main points brought out by him we are agreed to and endorse what he said.

Individually we are a thinking Board and think for ourselves and express our individual views. In the end we have usually come together, as shown by the fact that in the year that I have been on the Board there has been only one vote taken which was not unanimous. If any of us have had views that differed from the others we have not forced them, but have waited and are waiting for further light ourselves, so that we may let the light in on the other members. So you see we are not in disagreement.

Dr. O'Meara has asked that each member be heard as to his individual views. I answer to the call and state what I believe our Board is doing now and in a way what we intend to do or hope to do.

I do not consider that we are living up to or bound to a policy outlined by Dr. Copp and adopted by the Board in 1908, six years ago. There are many things that are excellent in that policy as outlined. Many things have been accomplished and those things that are worthy and have not been accomplished in six years under our present methods, I believe show the methods

are wrong, and that our Board should have power to do more than place good policies upon paper and read them at public meetings. We have done too much of that in the past. I believe we should expend all that energy in devising and *carrying out* progressive plans. What we have done speaks for itself and does not need orators. We have taken up with many of the ideas and policies of the Board as formerly organized. We have instituted new policies and are about to form certain fixed policies as soon as we can come into agreement, and it does take time to come into an agreement upon any change if it is to be done well.

I interpret our Board's policy at the present time to begin at the root of the evil, the source from which these thousands of dependents spring. With that end in view we have recommended the extension, systematization and co-ordination of social service in all of the hospitals, and asked this year for the paltry sum of \$2,000 to organize this great work, but the Ways and Means Committee cut it out with a sweep of the pen, thus preventing us from stemming the tide of dependents coming to the care of the State, which cost from three thousand to five thousand dollars apiece, and any one of whom saved would be more than a whole year's salary required for the person we asked for.

We are now actually at work on a schedule to show what the hospitals are doing in occupational work so that we may for the first time intelligently direct our supervisor of industries in her work to bring about a much larger percentage of patients to be therapeutically occupied, thus applying one remedy against the frequent assaults and quarrels among the patients and increasing their happiness and contentment.

We have a State Pathologist and we are trying to raise the standard of pathological work in the different hospitals; and again, with the social service developed as it should be, we hope to develop a policy, and I believe we have that policy in our minds already, of placing back in the community, I may say, hundreds of patients who are now in the hospitals but ready to go out under certain conditions, if those conditions can be made for them.

Your State Board of Charity has told you that the number of people outside of institutions under their supervision would fill twenty-two institutions. I believe that the number of people placed outside under proper supervision who are now wards under the State Board of Insanity would greatly reduce the extension of our building for custodial purposes and save the State a tremendous amount of money.

Any policy developed may become antediluvian before it is put into execution if we have to wait after we form our policy to educate trustees, superintendents and the public. This I firmly believe would bring about two results. There would be a uniformity in the food served at the institutions instead of, as today, butter at 32 cents a pound for all the patients in one institution and something that is not butter for 13 cents and 14 cents a pound at another institution. And what applies to butter applies to a great many products. It should also relieve the superintendents of some of the business responsibilities and enable them to give more time to their medical work, and get into the farthest corners of their institutions more frequently. I further believe

that we should not add to the population of our present institutions. I believe that any institution of over 1,000 patients is cumbersome, its efficiency is reduced, accidents and injuries, as proved by the records, multiply out of proportion, and the patients do not have the individual care necessary to get them out of the institutions and back into the community.

I therefore believe that the Board of Insanity should have more power, that it should either be a Board of paid members giving their whole time to the problem (and when I say paid members, I mean exactly what Dr. O'Meara said, that the Board should be composed or represented from the different classes of people), the men who have had experience and can afford to give their time, and the busy man whose advice is fully as valuable, who has to sacrifice his own earnings for the time he gives to the Board. If there were a paid Board, and members on it who did not need the money of the State, they could do as Mr. Wm. B. Fowler did, turn that into the treasury, but that should not keep out the man who could not give his time to the State. Therefore I should recommend a Board of paid members or a commissioner of the highest type obtainable with an unpaid advisory board, the commissioner to have power to carry out his recommendations, subject to the approval of the Board, this power to apply within certain lines to include the greater problems with which today the Board of Insanity is vested as an advisory and supervisory body.

The public look to the State Board of Insanity to correct evils and improve conditions. We have no power to do so. We spent weeks at the Worcester hearing, heard the testimony, and made very plain to the trustees the changes we considered necessary. The trustees of the Worcester Hospital have apparently paid little attention to our recommendations, and we ended up our report with our own statement, "The Board realizes how impotent they are to correct abuses that inevitably will arise whenever the number of nurses and attendants is inadequate to properly look after the patients who are assigned to their care." Your statement is perfectly true that we have no power, and the nurses held responsible in that report are still holding office in that institution. The same way with the private hospital investigations we have made. Several recommendations which should have been adopted were made by the Board, but the necessary corrections in these private hospitals have not been made.

The Board up to the present time, with the exceptions that I have stated above, has been a Board supervising custodial care, and the *State of Massachusetts has never yet expended one cent knowingly in any appropriation for the prevention of insanity*. The law says, "The Board shall encourage scientific investigation," etc., and it is doing so in its pathological work, but that is after the patient is dead. I believe the Board as now constituted intends to go into scientific work and the education of the public in prevention and after-care, and into the proper conception of what mental disease really is. With this end in view, I believe the Psychopathic Hospital should be directly under the State Board of Insanity, and this would be a decided change in policy. I believe it should be a center for scientific research under the

Board, the results of which should be *distributed to the hospitals throughout the State*; that it should be a center of study and observation of doubtful cases open to the whole State, controlled by the Board and not by any one institution.

I believe that we should have our own central purchasing bureau, not necessarily one man, but as a safeguard, a bureau of several men, for the purpose of purchasing staple products, which system would not hamper the individual superintendents in their purchasing of household goods, of medicines and quick supplies.

I was then submitted to a very lengthy questioning by the chairman, Mr. Cole, and members of the committee. I quote from the stenographer's report:

DR. BRIGGS. I believe the Board should have some power to require classification. Only last week we had to transfer epileptics from Monson into our insane hospitals, and we have now over 200 feeble-minded in the insane institutions. We have feeble-minded, we have epileptics, we have criminals and we have alcoholics in the same institutions, and in many instances in the same ward, which I don't believe in.

Q. (BY SENATOR WARD). You want to classify them in the institutions? A. I think there ought to be in each institution buildings to take care of its own. One building for the epileptics so far as there is no room for them at Monson, another for criminals, and the same for acute and infirm cases.

CHAIRMAN. If you have the power given your Board, it would be necessary that it should be a paid Board in order that they could give the time to live up to their power? A. I think so.

Q. Would you want five members to give all their time? A. I hadn't considered that. I suppose if there were three members properly chosen it would be all right. Now there are two experts, two lawyers, and a business man.

Q. It occurred to me if you wouldn't get better policy if you had one man who was the executive man, — it might not be necessary that the entire five men give all their time if they met often enough to formulate a policy and have an executive officer to carry out that. A. That would be along the line I spoke of, — of having a commissioner and then having the Board approve of his work, — but it seems to me he ought to have some power; if they are going to be responsible and advise and supervise, they ought not to sit down and say we advise these people so and so, but do no more because they have no power.

CHAIRMAN. Your experience is that when they advise, they don't always follow that advice?

DR. BRIGGS. They do sometimes, but there are a great many instances I could give you where they haven't.

MR. COLE. Dr. Briggs, in your experience on the Board, how much at-



tention has been given by the Board to making a policy that sought to get at the root of the trouble in the insane problem? A. Our Board has given all the time the individual members could give to it. Dr. O'Meara lives in Worcester, Judge Mason in Northampton, almost a day's trip down, and when we get through with the actual business of the Board, the immediate things we have to do, reports, accidents, injuries, looking over plans the Board has to take action on, there is almost no time left for anything further.

Q. Would you consider today, policy making, so far as it exists in Massachusetts, is within, or almost entirely confined to, the Board of Insanity?

A. The only policy making I ever heard of was in 1908, which is to a great extent still on paper, and which of course, in six years, should be improved on.

Q. Has your Board done any work along that line? A. No.

Q. Has any Board of Trustees done any work along that line? A. So far as I know, no.

Q. Did we understand you to say the trustees of the Worcester Hospital have paid no attention to the findings of your Board? A. I think they may have corrected certain conditions in a general way, but the actual points in our report have been paid no attention to so far as I am aware.

MR. COLE. So far as you know, what effort has been made by either the State Board of Insanity or by combined action of the different Boards of Trustees to take care of a proper classification of patients from your standpoint? A. I have only individually urged and talked to different superintendents about classifying in their hospitals. I don't think any of them took the situation seriously enough to classify their patients, because we find all classes together.

Q. Is there a more important question affecting administration of insane institutions at the present time than the question of proper classification of patients, in your opinion? A. No, and it is not possible in our present old, cumbersome institutions; absolutely impossible to classify as one would wish.

Q. The result of co-operative buying which was referred to by you, would it be a fair statement to suggest that one result of co-operative buying has been a poorer quality of supplies furnished in certain institutions in order that a purchasing agent for that particular institution should keep his standard of cost as low as that maintained in some other institution? A. I think the Ways and Means will bear out that all the testimony brought before them is on low per capita cost. That is the thing uppermost in their minds rather than the treatment or care. That is, how cheap can they take care of their mentally sick or wards of the State.

Q. Must it have effect upon the wards?

DR. BRIGGS. It does in some instances, yes. I don't want to speak too much for the Board, but we have made reports where we thought the patients were not getting enough daily food.

CHAIRMAN. The answer they make is that the Ways and Means wouldn't give them enough money.

MR. COLE. And yet the Ways and Means on a per capita, on a pro rata basis, has given enough money to others.



DR. BRIGGS. Institutions vary greatly. In some it is excellent and plenty. Then some institutions, we go in on a Friday and there is pollock and hake, all soft, and other places you will find haddock, nice and hard.

Q. Isn't it true, in some instances where the per capita cost is low, excellent conditions maintain? A. I don't think you can get anything for nothing. I think, perhaps, they use more than maintenance for the food. I don't know how that is; I don't know about the internal workings.

Q. Are there such cases?

DR. BRIGGS. We have found in some hospitals that there was a great deal of delay after the food was cooked in serving. It means cold food, and unpalatable.

MR. COLE. In our hearing, Doctor, this point has been brought out by your Board, that the function of policy making is not as effectively performed by the trustees as it would be by a central Board having authority to insure the adoption of such policies as it decided on. Is that your personal opinion?

A. I will answer it in this way. As constituted today, the several Boards of Trustees have their own individual problems which they work out for themselves; independent of that individual problem they have to accept from the Board of Insanity transfers of all patients into their institutions, upsetting and overcrowding their wards. This is not in any way a criticism of superintendents, it is a criticism of the organization. The superintendents are doing excellent work, but I am trying to show how they could do better work if there was a different organization, because they are not responsible for the overcrowding of their institutions, which breaks up their classification, and also for the sending of patients to them almost without notice, which increases their numbers when they haven't provided for them in the beginning of the year, and also really disorganizes the whole institution.

CHAIRMAN. How large a bunch do you send at one time to an institution?

A. Thirty sometimes, and more.

Q. Without very much warning? A. Very hurriedly.

Q. And you have to do that, you are so crowded you have to relieve some other institution? A. Yes. I think every superintendent if he is going to do good work has to know where he is going to arrive. There must be a plan and there must be a limit. In England 1,000 is the limit for any hospital, and so every superintendent knows when he gets to a thousand that he can devote his whole time to the care and cure of his patients. With our superintendents we give them a thousand, twelve hundred, and when they have co-ordinated their heating plants and lighting plants to twelve hundred all of a sudden there is a crowding, and they are informed that they must increase to fifteen hundred, and then the superintendent must increase his lighting and heating plant, and the whole thing is disconcerting.

MR. COLE. Can that unit be fixed without a central Board of control that will be a clearing house for these various factors? A. I don't think it can be.

Q. How much time do you give to the approval of plans?

DR. BRIGGS. This new Board has not felt they ought to consider the ap-

proval or disapproval of the plans without first having them passed upon by consulting architects. We didn't consider ourselves competent to make a study of the buildings or of the engineering proposition without an expert's advice. So we have turned those over to an expert to whom we pay \$5 an hour.

Q. How much time has he given to them? A. Sufficient to enter a report.

Q. Do you know how much time he gave to the Boston State Hospital on their recommendation of spending \$25,000 for new construction? A. I don't know.

Q. Is it possible to find out? A. Yes, the records will show how many hours he devoted to it.

MR. COLE. Doctor, we have a pretty good illustration of a newly developed institution, even though it is a part of one already existing, in the construction of new buildings and in the removal scheme to Grafton — if we want the best example of recent years of an attempt to establish a new institution.

DR. BRIGGS. I don't know when that was started. It was before I came on the Board. I understood we never had any expert advice on that.

Q. Do you know how many times the unit has been changed from its original idea, and how many times the policy has been changed from its original idea, up to the present? A. I don't know how many times. I know it has been changed from a farm group to more of an acute hospital in a way; they have built buildings on low lands instead of upper lands. I should not feel competent to discuss that, because it was before I came on the Board.

MR. COLE. But from your knowledge of it, it is very clear it hasn't had development upon any fixed policy from the time of its inception up to the present?

DR. BRIGGS. Three members of the present Board went up and made a study of it, and when we came home we decided that there was not any defense at all in our minds for the institution in that location.

MR. TYRRELL. From what you have seen by visitation, and what you have learned by examination, would you say that the insane institutions under the present system are being properly administered?

DR. BRIGGS. I don't think that is a fair question, because it takes into consideration — of course they are not properly administered according to modern ideas. I don't think there is a superintendent or a member of the Board that would say they are properly administered according to modern ideas. That means a great deal. It is not possible with the present system and lack of funds.

Q. If not from modern ideas, then from what? A. Traditional, inherited from former administrations.

CHAIRMAN. A good idea of that is that any man interested in these institutions, his ideas of today would be supplemented by new ideas tomorrow. If you get a progressive man, he would study new methods. The things he

did today would become old a year from today, in some respects. That is the way, I say, you cannot say they are right, because he realizes there would be an improvement all along the lines.

DR. BRIGGS. Yes, and I believe that if some of these institutions, like Worcester, which is located on valuable land in the city, could be sold out and a new cottage plan institution built, we should be turning out patients almost as rapidly as we are taking them in, which is impossible to do under the custodial care, which is all the State is willing to give them so far.

Q. If you criticise today, what happens? A. The trustees take it under consideration.

Q. Has your Board, Doctor, ever had any conference with the State Board of Charity as a Board since you have been a member? A. No, we were invited last year with the idea of talking over the purchase of coal.

Q. You were invited to go into conference, or co-operate with them? A. I received a notice to come to the Board of Charity rooms in regard to the purchase of coal in combination with the Board of Charity. I went to the meeting, there was nobody else there, and I came away.

Q. What particular function, from your knowledge, interests the average superintendent the most, that relating to business of the institution, or that relating to the treatment, etc.? A. It depends entirely on the superintendent. With some I think the patient comes absolutely first and always, and as he goes through the institution, he knows the name of every patient. Another doesn't know the names of half his patients, that is the individual factor.

MR. COLE. Would it be wise if there could be such a divorcement of business and medical treatment that the physician in charge would have almost his entire time and responsibility therefor for that human treatment? A. I think it would be possible with a thousand population in an institution, stopping all building at that number, to do both; if more than one thousand his patients probably would not suffer if the staple products, like the coal and the eggs and the butter and the grain, and all those things which there is no hurry about, could be bought by a central purchasing bureau.

Q. Has the State Board of Insanity, as you know it in Massachusetts, done its full share of work, should you think, in getting at the root of the trouble, and doing something to correct at the source rather than caring for it at the final stage? A. I don't think so. I don't think we are, so far as I know. Up to recently the State Board of Insanity has not taken time to do more than take care of the routine of its office.

CHAIRMAN. How long have you been on the Board? A. One year.

Mr. Hall was next called, and made a strong statement, of which the following is an excerpt:

Mr. Chairman, I find the duties are rather more than our good friend, Dr. O'Meara, has given us credit for, or given the trustees. I have sometimes thought that we were simply gentlemen-in-waiting of the Board of

Trustees, but we are not. We hold power which, if properly exercised, would help them, would direct the management of the insane and feeble-minded in this Commonwealth. I have often thought that there ought to be two women at least on this central board. Perhaps the Boards of Trustees cover that by having women on their Boards who are in closer proximity to these institutions than our own Board would be. In that case, it would not be necessary. The law says the Board shall hold meetings each month, and oftener, if necessary. It shall make its own by-laws. There were no by-laws until within the last month or two. The Board was one of those where the members have full confidence in each other. It went without any by-laws. We have them now, and think we are accomplishing better results. . . . I have been over several hospitals and as a rule find them excellently well managed, except one thing: the State does not provide enough for a proper number of educated or trained nurses. We ought to have nurses' training schools, no question about it. We ought to have a high grade of nurses. We blame the superintendent or the trustees when anything happens, when the fact is it is the nurses, and the nurses are doing their best, but they are an inferior grade of nurses, and the trustees cannot afford to pay the price necessary for trained nurses. I believe it is costing the Commonwealth more money to employ these nurses than it would cost to train good ones. . . .

So far as the trustees are concerned, we have had occasion to see very little of them, I wish they saw more of us. I am sure there would be an understanding between us. There is plenty to do if we will only assume the authority we have in our hands, and here is the law which says the Governor can take the work of the trustees out of their hands, and put it into the hands of our own Board, so that we have ample authority if we think the work of the trustees is not satisfactory, if we think it is not being done efficiently, to complain to the Governor. But there is no need of anything like that. There should be at least quarterly meetings of the trustees and our Board and superintendents. We now have it twice a year; they haven't happened to have one since I have been a member of the Board. There is nothing wrong with the superintendents. There has to be more team work, Mr. Chairman, in order to produce the best results.

Mr. Roger Wolcott also presented his individual point of view — for one thing this hearing very clearly demonstrated was that there was no general understanding among members of the Board as to their attitude on reorganization. Mr. Wolcott said in part:

I have been a member of the State Board of Insanity for two months, I think, yesterday. You can discount what I have to say accordingly.

I have been very much impressed in listening here today and at the other hearings. The points that have been brought out before your committee



have been the defects in the present system and systems. Mr. Chairman, the Commission on Economy and Efficiency has two points to meet before your committee can legitimately recommend revolutionary legislation. Point No. 1, we will assume, for the sake of argument, they have carried it — that there are defects in our present system. Point No. 2 they cannot — and that is, that their proposed remedy is better than the admitted disease.

Now, I am not going to be long, Mr. Chairman. We have witnesses here who are loaded to the muzzle on Grafton Colony; we have witnesses who can tell about details in the different institutions, wherever they may be criticized, more or less successfully, I doubt not. What I wish to bring out, and that is all I wish to bring out, is that the centralized Board of control with the central purchasing agency and the other details of plan No. 1 or plan No. 2, because they are very similar, won't work for Massachusetts. Who are you going to get for your five commissioners on public institutions? What are you going to pay them when you get them? Mr. Chairman, you can't find five men competent to deal with the forty odd public institutions under the present three Boards of Prisons, Charities and Insanity. You can't find five men that can deal with it unless you pay them well. They have to be great big men that you have got to pay \$15,000 apiece to. You have to pay them big money; it isn't economy. We won't say anything for the time being as to the merits of our present system. It has merits. By some it is considered to lead the world. We can learn practically little from Germany, nothing from England, and other States are coming in here to steal our assistant superintendents; getting our superintendents. We have some merits, but the question is can you improve on your present system, and that is the whole question for your committee; can you improve on it by the proposed revolutionary legislation? Mr. Chairman, the report on the fiscal control of State institutions, by Henry C. Wright, has already been cited. I earnestly hope some of your committee, at least, will have read the general conclusions made by Mr. Wright. He speaks with authority, too. You will find them on pages 234 to 337, and in the end general conclusions. After comparing New York, Iowa and Indiana, you will find his general conclusions on page 342 and following.

CHAIRMAN. We have that in the library?

MR. WOLCOTT. Yes, I had them get two copies, and this is my second copy. That report punctures the central purchasing agency, Mr. Chairman, absolutely. Mr. Cole in one of his questions to Dr. Briggs asked whether the present stewards were not anxious, — in their anxiety to make a low per capita showing, were not tending to get more and more inferior goods. Why, Mr. Chairman, that is the whole burden of Mr. Wright's report, as he found things in New York, — that in New York they were getting the very worst supplies. It looked well on paper but they were not getting the goods. Now, we have here a system that has been in operation for two or three years. We think it is a pretty good one. Mr. Libby has been the financial agent of the State Board of Insanity since 1906. He was to have been here today. I



expected to turn him over to your committee, and I know he would have made a profound impression, but unfortunately he is sick. He drew up a brief statement the other day, and I want to leave this with your committee. I shall not read it, but I should like if the several members will read, to provide copies for all the members of the committee. That is a brief review of the work of the financial department of the Board of Insanity. It shows the excellent work, the progressive work, the work that is capable of improvement, but the work that is going on safely, sanely and steadily under that department, not only to cheapen the cost of supplies, but to improve the quality of supplies. Mr. Cole's report —

MR. COLE. Call it the Commission on Economy and Efficiency.

MR. WOLCOTT. That is a little long. Mr. Cole's report deals with a set of moulds to be shipped around by express as a building is needed, to set them up, and then pour concrete in at the top, and then take away all moulds when they are set. Now, by good luck, we have in Boston James Knox Taylor, for fifteen years supervising architect of the treasury department at Washington, building all the Federal buildings, except for the Army and Navy departments. I had a talk with him the other day and he will be glad to testify for the committee. I am going to read his letter.

MASSACHUSETTS INSTITUTE OF TECHNOLOGY,  
DEPARTMENT OF ARCHITECTURE  
JAMES KNOX TAYLOR, *Director*

MARCH 20, 1914.

HON. ROGER WOLCOTT, *State Board of Insanity.*

DEAR SIR: — In accordance with your request for a letter outlining my views in regard to the desirability of placing the construction work of the State under the care of a State architect I have to advise you that as a complete proposition I should not consider such an arrangement to be wise, either from an artistic or from a business point of view.

For over fifteen years as the supervising architect of the Treasury Department at Washington I was connected with the largest organization handling work of that character in the country, and my experience there convinced me that such a method was not only expensive in operation but was detrimental to obtaining the best and most economical results in construction. Had I remained in charge of the work I surely would have recommended a change. Not that every form of government, Federal, State or municipal, does not require technical assistance, but such assistance should be advisory and administrative in character rather than constructive.

In the machinery of every government there should be some one who by training and experience is qualified to study all the building problems that arise as a whole, not in the individual instance alone. By this study such a man would be in a position, — first, to advise as to the best form for such buildings to take; second, having the full knowledge of the general conditions governing such work he could standardize the requirements and could formulate methods and rules for their construction which, while materially

increasing their efficiency, would also reduce the cost. With the aid of a comparatively small force of trained assistants the administrative work of their construction could also be cared for in much better manner, and a material saving in that branch also effected. This would leave only the actual drawings and specifications to be obtained from the architectural practitioners, and these would do the work in a very much more satisfactory shape than any governmental office can hope to do.

The best illustration of the good results of the method suggested is found right here in Boston in the work of the Schoolhouse Commission. Mr. R. Clipston Sturgis, during his incumbency as chairman of that body, so standardized the requirements of all kinds of schools, thereby reducing the work of designing and constructing them to such an admirable system as to form a model for many other cities in the country.

A method of State conduct of construction on similar lines to that which has been introduced in the school work of Boston would to my mind be much preferable to any that would cover the same work in all its branches. The man who was put in charge, at least for the earlier portion of his time, would be fully occupied, and if there was added the administration of the construction end, I can imagine no system that would be more successful in giving to the State the very best results in all directions.

I have endeavored to make this as brief as possible, and if I have failed to make myself clear, or if there is any other way in which I can be of assistance to you, I shall be very glad to respond to your call.

Very truly yours,

JAMES KNOX TAYLOR.

Mr. Chairman, the place for supervision is at the top, not in the middle or at the bottom, and that, it seems to me, is the nub of the whole situation.

As I have said, I don't think a Board of five could control even the thirteen insane institutions and the two institutions partly under our control, Bridge-water and Tewksbury, and the twenty-seven private institutions now licensed in the State, to say nothing of all the prisons, hospitals, sanatoria and other institutions proposed.

Now, I don't know how far your committee wishes to go into detail. I am willing to assume, for the sake of argument, that there are abuses in the present system. I think some of these have been exaggerated; I think some have been misunderstood by the Commission on Economy and Efficiency.

MR. COLE. Mr. Wolcott, you spoke of Mr. Wright's report. Will you kindly tell the committee just what you, from your knowledge of the situation, without reading it from the book, just your idea of what you consider Mr. Wright's qualifications for his investigation.

MR. WOLCOTT. Mr. Wright was a trained expert investigator.

MR. COLE. Had he any experience in such institutions as yours?

MR. WOLCOTT. No, he had not. For that reason he came the more unprejudiced.

MR. COLE. That is interesting testimony. I understood that was a

requisite for proper investigation, and so I am very glad to have you testify as you have. He came in under what conditions?

MR. WOLCOTT. He was invited in to make this investigation by — I should like to read the title. It is a big association.

MR. COLE. The Russell Sage Foundation. He was a paid employee. He came in without any qualification on his part as an expert in institutional management and control. Is that right?

MR. WOLCOTT. I believe that is true.

MR. COLE. Is there any record of Professor Taylor making any recommendations to abolish the department of control in the national government until he ceased to be connected with it, after fifteen years of service?

MR. WOLCOTT. I don't know.

MR. COLE. Is it possible that may have had some influence on his present doubt as to the efficacy of a State architect?

MR. WOLCOTT. I think if you would get Professor Taylor in here you would see there was no —

MR. COLE. He held his office for a long time, did good work and I think some of his reports are most enlightening as to the value he thought his work was for fifteen years when he held the position of supervising architect. Mr. Wolcott, are we to understand you have changed your point of view from your original statement to this Commission?

MR. WOLCOTT. Read it out, Mr. Commissioner, and I will answer you.

MR. COLE. "My name has been taken in vain and I did not come here to make a speech. I have been a member of this Board only about two and one-half hours, but I am a member of the bar and while in the Legislature I served on a committee considering some of the problems of this Board, and have read the laws and statutes relating thereto, and I have felt for a very long time that one of the very first questions for legislation and therefore for this Commission on Economy and Efficiency to consider, was the concentrating and the defining and the fixing of the duties and responsibilities in connection with our wards in the prisons, the charitable institutions and the insane. . . ."

MR. WOLCOTT. Mr. Chairman, the ideal system — I have learned a lot since I made this speech, and I agree in part to what I said and I disagree in part; I have changed my mind in part. The ideal system is neither advisory, supervisory nor wholly mandatory, certainly not the latter. My feeling is the advice that the State Board of Insanity can give depends wholly on the caliber of its members and on the caliber of its executive officer; that when we speak with authority we will be obeyed, as if we had mandatory power, and when we don't speak with authority, after superficial investigation, or based on improper conclusions, we won't be obeyed, and we ought not to. Therefore I say that you can't draw up a system that will look beautiful on paper; it won't work.

MR. TYRRELL. How long have you been a member of the Board?

MR. WOLCOTT. Two months yesterday, I believe. . . .

Q. Didn't you make a special investigation of one insane asylum?  
A. No.

Q. Didn't you make a special report on one? A. Why, as the baby member of my Board, I have made reports on all.

Q. Has there been any change in the organization of one of the State institutions since your visit to that institution and since you reported on that institution? A. I have heard of it by hearsay.

Q. Where there has been a change? A. Yes.

CHAIRMAN. Then even the baby of the Board, when he visited an institution and asked for a change, got it?

MR. WOLCOTT. I didn't ask for that change; I would be proud of it if I had.

MR. TYRRELL. And the change was one of the important officials of that institution, was it not?

MR. WOLCOTT. I don't know whether Mr. Tyrrell wants the name of this official brought out; I don't know.

MR. TYRRELL. I don't want it brought out.

MR. WOLCOTT. No, I won't bring it out, but the trouble, if any, was in the accounting. That is something I have not touched on. If you read chapter 597 of 1908 you will see there is a perfectly good paper plan for accounting in the State institutions, but one member of the Commission on Economy and Efficiency, *ex officio*, the State Auditor, is charged with the duty, not only of putting in a standard system, but of seeing it is carried out. That is there. It is not up to the Board of Insanity, it is up to the Auditor's office.

MR. COLE. What happened when you discovered it was not properly carried out?

MR. WOLCOTT. I don't know as I want to say it was not carried out properly in every respect.

Q. Will you submit a copy of that report to the committee? A. Yes.

Q. You will? Before it was revised by the State Board?

MR. WOLCOTT. It was revised by myself with the approval of the State Board.

MR. TYRRELL. Was it revised prior, or subsequent, to that report being handed over to the chairman of the Board of Trustees? A. It was never handed over to the Board of Trustees. You are fishing in the dark.

MR. COLE. Can the original report be submitted?

MR. WOLCOTT. I don't think it would be proper; the changes that were made were minor changes; you will have to take my word.

CHAIRMAN. Will you tell why the changes were made?

MR. WOLCOTT. Because of the result of an interview with the chairman of the Board of Trustees. I was convinced our investigation had perhaps been superficial. He requested me to visit the institution in company with him and go into detail in regard to some of the things we criticised. I did make some changes, that were minor changes; you will have to take my word for that. The original has been destroyed; they were minor changes.

MR. TYRRELL. Was the original report ever submitted to the Board of Insanity? A. Yes.

Q. Is there a copy of that now on file? A. It was returned to me by the Board.

CHAIRMAN. In other words, you became satisfied the original report needed to be modified? A. Needed to be modified in minor respects.

MR. TYRRELL. That is all, Mr. Chairman.

There was much public interest in these hearings, and all of the Boston newspapers reported them at length.



## CHAPTER XX

HEARINGS BEFORE THE JOINT COMMITTEES OF WAYS AND MEANS AND  
PUBLIC INSTITUTIONS CONTINUED

The next day was devoted to hearing the Prison Commission, and I feel that I cannot let this occasion go by without some mention of the work of my very good friend, Frank L. Randall, then recently appointed by Governor Foss as chairman of the Prison Commission. Mr. Randall rendered the State able service so far as was possible under the very bad system of divided control of penal and corrective institutions—a system which it was impossible to overthrow owing to the strong local political entrenchment of those interested in maintaining the county jails. Mr. Randall's speech is too long to quote in the present book, which is devoted to the work for the insane. I quote, however, the "Transcript's" summary of his remarks and of Mr. Cole's answer to the criticisms by the members of the State Board of Charity, — which criticisms I have not taken the space to quote in full, as the matter is not directly germane to my subject.

## CENTRAL BOARD WORKS

**Commissioner Randall tells of His Experience — Sees Prison Reform under Economy Plans — Cole answers Criticism of Charity Board — Reorganization Important Bill of 1914**

MARCH 25, 1914.

Commissioner Randall was an interesting witness. He admitted that he had not been long enough in Massachusetts to know the present difficulty thoroughly, and he was able to give, therefore, in an unprejudiced way, his ideas of central control as opposed to divided control. He was familiar with the systems in several western States and of these, his recollection of Minnesota methods was naturally the best.

"I have served on paid and unpaid boards," said Commissioner Randall, "and I have served on a central board of control. I think that the question may be one of men; for it seems more important to have the right man under a poor system than a poor man under a good system. That is, the man is most important, but there is no reason why the right man and the right system cannot be combined. I believe in the prompt despatch of the public business, and that there should be somebody responsible at all times, and to the fullest extent, to direct in matters of money and policy. This is accomplished under a central board.

"As the Prison Commission of Massachusetts is now empowered, we have charge of the State Prison, the Concord Reformatory, the Women's Prison at Sherborn and the prison camp and hospital at West Rutland. We have only advisory authority over the county prisons. Under these conditions we cannot classify and transfer prisoners as we should be able to do, both for the good of the prisoners and to the financial advantage of the State. The only classification is now at the tuberculosis camp, and the system, in this respect, is the best in the United States.

"I cannot say as to the advisability of a central board for Massachusetts institutions generally, but I know it would be good for the prisons; and from my experience I think a central purchasing agent could not help saving the State money. In regard to the prisons all over the State, under central control, we could lay out a farm system which would give prisoners outdoor occupation and provide for a systematic method of distribution of products. I should not advise a 'boiled shirt' farm, which is expensive, but rather a number of garden farms. These keep the prisoners well together and produce profitable crops."

Commissioner Randall said that in Minnesota, the central board of control, of three members, passes on all appropriations for State institutions — even to certain appropriations for the State University; that all requests by institutions are made to the board of control and that it would now be quite irregular for the head of a State institution to appeal directly to the Legislature.

COMMISSIONER COLE. Do you think that the Prison Commission, the State Board of Insanity and the State Board of Charity could co-operate to carry out humanitarian plans as these boards are now organized? Would you assume this?

COMMISSIONER RANDALL. I wouldn't assume it very strongly.

MR. COLE. Are you acquainted with the United States methods of purchasing?

MR. RANDALL. Yes, a little. They remind me of what I saw in "Life" the other day: "Look not on the tape when it is red."

COMMISSIONER TYRRELL. Is it true that the State Board of Charity has not conferred with the Prison Commission since you took office?

MR. RANDALL. Not to my knowledge.

Shortly after noon, Commissioner Cole, in thirty-four typewritten pages, answered the criticism of the Economy Commission by the State Board of Charity. He said that he would not resort to the characterization used by

the Charity Board, but that, in brief, the Board, starting with false premises, had naturally reached wrong conclusions. He gave two examples of alleged mismanagement in State institutions, sarcastically addressing Secretary Kelso of the State Board of Charity as a "paragon of perfection." Commissioner Cole concluded his rejoinder as follows: "In so far as it has been necessary for the Commission to contradict statements made by the Board of Charity, such contradictions are presented without malice and with the sole purpose of leading the committee into a calm, judicial attitude toward a problem of greater importance than any other confronting the Legislature of 1914."

The afternoon of March 25 was devoted to a hearing of Mr. Tilley of the State Board of Charity, Mr. Tivnan, chairman of the Board of Trustees of the State Farm and State Infirmary, and Dr. Nichols, superintendent of the State Infirmary. The discussion was interesting as showing the weakness of the methods in vogue at the latter institution; and the reports on the following days of the superintendents and trustees of the various institutions under the State Board of Charity were enlightening to a student of State administration, as showing the diversity of their ideas on public service, and the laxity of business organization in the institutions.

On March 30 the question of the charges against the administration of the institutions under the Board of Insanity was again brought up, and Mr. Wolcott (on his own initiative) took charge of the hearing for the Board. He first questioned Mr. Pope, the State Auditor, as to whether he considered any new legislation to be necessary in order to correct the discrepancies in the accounts of the various institutions, which had been pointed out at some length in the report of the Commission. Mr. Pope said:

... In direct answer to the question of the gentleman whether any further law is needed, let me say that while the Auditor has full authority to install any system of accounting he sees fit in connection with any institu-

tion, any Board or any Commission in this Commonwealth, unless there is co-operation and co-ordination on the part of the institution, or the Board or Commission, it seems to me it is an utter impossibility for the Auditor to carry out the law, because there is no penalty imposed, provided the head of the institution, or the Board or Commission does not see fit to carry out the instructions laid down by the Auditor. . . .

Dr. Fernald was then called. The chairman asked him:

Q. Dr. Fernald, in your experience since 1887 is it your opinion that the business administration of one of the institutions under the State Board of Insanity can be completely separated from the medical administration thereof? A. Not in my institution without great disadvantage to the patients. The modern institution is built up around the human being who is cared for in that institution. . . . I don't think any member of this committee would go to sea with two captains. It is equally impossible to manage an institution caring for human beings where there is any question as to who is responsible for the management of the entire organization. . . .

MR. WOLCOTT. Dr. Fernald, you have answered this question more or less indirectly, but I should like to have a direct answer. In your opinion would a central board of control, with boards of visitors, as outlined in the Commission's recommendation, be preferable to the present system in Massachusetts, and on what do you base your opinion? A. My experience, and I have been very much interested in that question, because I served under a board of control in Wisconsin, and have observed, — there is a great difference in boards of control. In one or two States that plan has worked very well indeed, but in most States in which I have observed it, it has slowed up the work of caring for defectives and it has subordinated the care of the patients to the care of the buildings and the buying of the groceries. It seems to me the buying of the supplies has seemed of more importance to most boards than the care of the patients. The temptation is irresistible. That is the reason for the creation, that is the reason given in most States for the creation of that system. . . .

MR. COLE. May I ask, Doctor, if I understood you to say that you would not claim the policies were made by yourself, but were the work of the Board of Trustees? Policies are made by the trustees? A. Policies of institutions are made by our trustees.

In conclusion, Mr. Cole put the following question:

MR. COLE. I would like to ask Dr. Fernald if he takes exception to one statement. Dr. Fernald said he felt that the present method should be jacked up, and that a board of control should be in charge, but that such control should be vested in the present Board or Commission on Economy

and Efficiency. He also stated that he felt that, inasmuch as this Board is the reviewing board of all State activities, it had the necessary knowledge to properly control same; but that it would be inadvisable to create a new board of control which did not possess this knowledge.

DR. FERNALD. That is in accordance with my testimony this morning.

Dr. Samuel B. Woodward was next heard. Dr. Woodward was chairman of the Board of Trustees of the Worcester group of hospitals, including the Worcester State Hospital, the Worcester State Asylum, and the new Grafton Colony. He said that he had been on the Board for fifteen years. He asked permission to read a statement which he had had printed for the Commission on Economy and Efficiency, in which he defended the trustees against charges made by the Commission of gross inefficiency in purchasing land and erecting buildings at Grafton.<sup>1</sup> The discussion is too long to give here and has little interest today, excepting as it shows the opportunity for waste and patronage under a system where the local trustees were directly responsible for the expenditure of large sums of the State appropriation. At the afternoon session the same day much time was consumed in questioning the engineering expert whom the Worcester trustees had employed to offset the charges made by the Commission on Economy and Efficiency of incompetency in regard to the choice of sites and the building operations at Grafton. The expert engineer fell down under Mr. Cole's questioning and made a particularly good witness for the plea of the Commission, nor did the architect whom Dr. Woodward called later make a much better showing.

At the end of the afternoon hearing the question

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<sup>1</sup> See report of visit, January 13, 1914.



again came up of Mr. Wolcott's having changed his report of a visit to the Taunton State Hospital before allowing it to go on file, after a conference with Dr. Stedman, chairman of the Taunton Board, although his original report had been presented to the State Board of Insanity. There was a somewhat lengthy questioning and discussion, which is well summarized in the last paragraph of the following comment on the day's hearing, published in the "Boston Journal" of March 31, 1914:

"BOSTON JOURNAL," MARCH 31, 1914

Chairman John N. Cole and Roger Wolcott of the Insanity Board had an interesting tiff over a special report on the Taunton Insane Hospital made by Wolcott, James M. W. Hall and Dr. L. Vernon Briggs. The report was read to the full Board of Insanity and was then recommitted to the subcommittee for revision. Wolcott admitted that he had revised it at the suggestion of Superintendent Stedman of the Taunton institution.

"How did Dr. Stedman know what was in that report?" inquired Cole.

"I don't know how he first got an intimation as to what it contained," replied Wolcott.

"I didn't know a thing about what was in the report," broke in Dr. Stedman, who was attending the hearing.

"Dr. Stedman called me by telephone," Wolcott went on, "and then we went over the matter at great length. I don't remember whether I read the report or a part of it to him."

"Don't you really remember," pressed Cole.

"Well, yes, I think I did."

"That is all," said Cole. Then turning to some of the press representatives near him, he added aside, "Well, did he admit that he changed the report because it did not suit the superintendent at Taunton?"

In an editorial (which appeared in the "Boston Transcript" of March 30) in regard to the proposed reorganization very intelligent comment was made upon the Commission's proposition, concluding:

It is doubtless true that in some directions the Commission idea has been carried too far. But before any pruning process is resorted to the public must be assured that the change is proposed with a view solely to increasing

the efficiency of each and every commission thus dealt with, and not for the purpose of making a paper record for economy which will sound well upon the platform or look well in print. Between a business administration and a businesslike administration there is a wide difference. The one denotes a government satisfactory merely to the business interests of the State; the other describes an administration that conducts governmental affairs under a businesslike system and does efficiently whatever it undertakes. Honesty, efficiency and economy, in the order named, are responsible for the leadership freely accorded Massachusetts and Wisconsin today. To make economy the sole or even the first consideration is not the part of wisdom. The people of Massachusetts demand an honest and efficient government, and are willing to pay for its upkeep.

Governor Walsh stated his attitude in regard to the proposed reorganization of the various boards and commissions very strongly in an interview which was published in the "Boston Herald" of March 30. Much of what he said referred to other branches of the State service than that in which we were interested, but the following is significant:

Governor Walsh has taken his coat off in the matter of commission consolidation and rearrangement, and from now on he intends to leave no stone unturned in his efforts to bring about what he desires. His feeling is that this will be the chief feature of his administration, and because of his conferences with the various committees he is more than satisfied the disposition is to give him a large part of what he is seeking. As a result of his determination what was regarded as simply an interesting academic discussion in his opening address to the Legislature has suddenly become a very vital topic, and because he has been quoted in a dozen different ways as to what he hopes to accomplish, something very close to a general panic prevails among some of the commissioners. He said: "I feel first of all that no commission should have more than three members, and I further believe that the men should give all their time and all receive equal compensation. Our boards of five are indefensible as I see it, and the practice of paying substantial salaries and only getting part time is wrong. Therefore, all my efforts will be directed along that general course.

"Furthermore, I will say that I do not believe in having any term run over three years. That would allow the Governor to have a reasonable control over the organizations.

"In demanding that commissioners give their full time I have in mind also another saving which can be made in the way of eliminating high-priced secretarial help. The high-priced clerks in many cases are made necessary

by reason of the failure of the commissioners to do the work which they should. By asking for full time I expect the commissioners to take up the actual labors, and this is going to make a better public feeling.

"The taxpayer who calls on a commission wants to see a commissioner, and he has a perfect right in his desire. Meeting a clerk or secretary, no matter how well trained or efficient, does not fill the bill. . . ."

In an editorial in the same edition the "Herald" says:

It is easy to propose summary changes as a remedy for existing ills but often the real cure eludes the most painstaking search. This may be the case with our extensive commissions, the activities and expenditures of which the Governor rightly deploras. But is he sure that he has found a better way? We hope so but just now "we are from Missouri."

On April 1 Dr. Channing appeared as chairman of the Board of Trustees of the Boston State Hospital. He made, on the whole, a very good defence of the criticisms of his hospital made by the Commission, and maintained a position strongly in favor of the existing system. Dr. Frost, superintendent of the same hospital, then made a clear address, in the course of which he said:

I see two difficulties in carrying out the recommendations of the Commission. One is that question of the separation of the business from the professional control of the institution. The other concerns the particular principle of whether actual control or only supervision from the central source is the best system of supervision and management of the institutions.

Dr. Frost then referred to methods in New York with which he was very familiar, under a more centralized control, which he admitted had its good features, especially in the standardization of methods and from a business point of view, but he considered the less cumbersome method in Massachusetts more efficient.

Then followed Mr. Kendall of Kendall & Taylor,

architects for the Boston State Hospital and for ten other State institutions, and Mr. Cole's questioning seemed to show the opportunity for unusual privileges for architects and others accepting large contracts from the trustees of State institutions. Mr. Kendall admitted carelessness in the finish of new building at the Boston State Hospital, and agreed that certain details were defective. He presented arguments both for and against the existing system of making trustees responsible for building construction. Dr. Frost was then recalled, and showed that much of the inefficiency attributed to the management of the Boston State Hospital was not due to any omission in the trustees' plans nor in the work of the State Board of Insanity, but to the fact that the Legislature had not granted the necessary appropriations. Mr. Cole said at the conclusion of the examination of Dr. Frost:

Mr. Chairman, before Dr. Frost closes I want to say that this Commission has the very highest regard for the administration of the Boston State Hospital from a humane standpoint, and Dr. Frost has succeeded in making that effective because a lot of his business is not at his fingers' ends but is left to people whom he trusts, and the reason for this situation here in the accounting department is because he has trusted people very largely, and he has given his time very largely to the humane side of the Boston State Hospital; and it is only fair to Dr. Frost to say that is the very hearty opinion of this Commission.

The Northampton State Hospital was next heard. The chairman of the Board of Trustees could not be present, but was represented by a fellow trustee, Mr. John B. McQuaid, who stated briefly, in answer to a question from Mr. Cole, that the practical management and the policies of the Northampton State Hospital rested with the superintendent. "We have confidence in our superintendent," he said, "and feel

that he is more competent in that work than we are, and we rely a good deal upon him." The superintendent, Dr. Houston, was accordingly called, and made a statement in favor of the existing system:

. . . The first thought in the superintendent's mind should be his patients, but in my belief it is impossible to separate the medical from the business work of the institution, they are so intimately associated with each other. An objection to this plan is that it takes away all incentive of the superintendent to manage his institution. . . .

Naturally the superintendent of an institution must be the director of the policies of that institution. That is why he is engaged. He is engaged by men who are selected by the Governor of the Commonwealth from communities in the district served by the hospital, but they are not men, they can't be men, from the nature of things, who are experienced in such a specialty as the treatment of the insane, and they must depend on some man to establish their policies for them just the same as this report calls for men to direct institutions who will have experience. The trustees act as a brake as well as a stimulation to the superintendent. They can approach a matter that is presented to them from a different point of view, and that is one strong reason for having a Board of Trustees. Then after our policies are formulated we present them to the Board of Insanity. . . .

That afternoon a long discussion took place between members of the Committee, Mr. Cole of the Commission, representatives of the office of the State Auditor, and Dr. Stick, superintendent of the Grafton Colony, showing that a previous statement made by Dr. Stick to the effect that he had had permission from the Auditor's office to use money appropriated for maintenance to employ an expert to defend the position of the trustees in regard to the buildings at the Grafton Colony was not literally true — no one in the Auditor's office having any record of such permission being granted.

Afterwards the Westborough State Hospital was heard and Dr. John L. Coffin, chairman of the Board of Trustees, in answer to Mr. Cole's questioning,



showed that he considered the responsibility for the policies and administration of that hospital to rest entirely with the trustees. Dr. Paine, of the consulting board of physicians and surgeons of that hospital, stated that, as homeopaths, they feared a more centralized control lest it interfere with their independent medical administration.

Dr. Woodward was again called with reference to the policies of the Worcester Asylum, and stated that at that asylum the policies were made by the trustees at the suggestion of the superintendent, and that the same was true of the Worcester State Hospital, especially with regard to medical matters. Dr. Woodward was then questioned in regard to the trustees' approval of bills, and admitted that, in regard to maintenance, the trustees were obliged to rely entirely upon the superintendent's approval and that of the Auditor. Mr. Cole asked:

Would that not also apply to the provision of material that went into your institution buildings? A. Where we were building buildings ourselves, yes.

Q. The only place would be on contracts where certain terms had to be fulfilled and that would be in the hands of the trustees largely? A. Yes.

Q. Contracts for buildings? A. Yes.

Q. That would be practically the only expense where the trustees had a personal knowledge of the accounts that they approved? A. Yes. I may say that objection was made at the State House to our having an auditor to audit our accounts. It was only by personal solicitation that we were allowed to retain an auditor and pay him a few dollars a week.

Q. You had him for your own protection? A. We did.

When questioned in regard to the report made by the Board of Insanity of their investigation of the charges made by the nurses at the Worcester State Hospital, Dr. Woodward's answers were significant of the position of the trustees.

Q. You are the chairman of the Board of Trustees? A. I am.

Q. Has your Board ever taken any action on the report made by the State Board of Insanity on their investigation at your institution? A. I have their report in my pocket. We have complied with the only definite request I can find and their ideas have been followed as far as could be done. Do you mean have we sat down and taken formal action and taken a vote?

Q. Yes. A. No, we have not.

Q. As a Board? A. No formal vote has been taken. If you will show me a suggestion you could take a formal vote on I should be glad to hear it. I have read that pretty carefully and I cannot find one.

Q. If a report was made to your Board of Trustees would it not naturally call for action? Would not any communication coming from the State Board of Insanity be brought to the attention of the Board? A. It was brought to the Board and read to the Board.

Q. Taken any action on the report? A. Yes, the report has been presented and read to the Board. I thought you asked if we had followed out their requirements. I have heard that we followed none of their requirements and I deny it.

Q. (By Mr. Tyrrell) You agree with the findings of the State Board of Insanity? A. Have you read the report?

Q. Yes. A. I have and I see no objection to their finding.

The "Boston Medical and Surgical Journal" of April 9, 1914, printed the following communication:

#### THE MASSACHUSETTS MEDICAL SOCIETY

##### Committee on State and National Legislation

BOSTON, April 3, 1914.

MR. EDITOR:—The following is the brief of the Committee of the Massachusetts Medical Society on State and National Legislation regarding the very important legislation that is proposed in the report of the Commission on Economy and Efficiency. Every physician should inform himself regarding the proposed legislation and do what he can to interest his friends in the matter.

Very truly yours,

ARTHUR K. STONE, *Secretary*.

44 FAIRFIELD STREET, BOSTON.

The committee of the Massachusetts Medical Society on State and National Legislation wish to register with the Ways and Means Committee their emphatic protest against the conclusions of the State Commission on Efficiency and Economy in their recent report to the Governor.

The committee is sure that to abolish the Boards having in charge the varied interests of the State wards would be a calamity. The complex prob-

lem of caring for the sick, the mentally defective, and the criminal requires subdivision and specialization of effort to achieve good results. The committee believes that the long-standing policy of the State of Massachusetts to care for its wards by means of unpaid Boards of Trustees, who can devote their time and ability to the study of the immediate problem of their particular institution, is a wise one, and has resulted in Massachusetts being in the forefront of the States in the general intelligent treatment of its philanthropic problems. No single commissioner or small group of men could control all of this vast and varied sociological activity to advantage. Individuals have accepted membership in these unpaid Boards chiefly because of an original interest in the peculiar class of persons whom their special Board serves. Most interested in the feeble-minded are less so in the blind; those caring especially for dependent infants are more indifferent to prisoners or sufferers from tuberculosis. By long service on their respective Boards, many have obtained a high degree of *expert knowledge* which is bound to be of great use to their beneficiaries. To abandon all these benefits, and to put all sorts and conditions of State wards under one central bureau, is to lose enormously in the helpful efficiency of our State charities, even if there were a small saving in the amount of money expended, which our committee doubts would happen. The financial saving would have to be far larger than it is likely to be to counter-balance the dozen or more new salaried officers whom the bill provides for. And we believe the way the money is spent — in other words, the expert intelligence employed in its spending — is quite as important as the mere question of the amount spent.

The committee is further of the opinion that the assumed economies which would be carried out under the proposed machinery would not materialize. Any large institution can probably purchase as cheaply, and, what is of as much importance, have what is adapted to its particular needs, as could a large central purchasing agency, with all the intricate machinery of management which would be necessary to insure honesty and provide for the rapid distribution of materials to the various institutions. This doubtless could be accomplished, but no group of five men paid the proposed salaries could develop such a plan as would work efficiently for a great State like Massachusetts. In addition, the wants of the institutions are so varied that it would doubtless occur that there would be great waste of materials which did not meet the exact requirements of the superintendents; and no mere purchasing agency could be convinced that the special requirements were necessary. Even in the matter of building, the needs of the institutions are so different that no absolute standard of construction is either possible or desirable.

The committee believes that much can be done in a helpful way to standardize methods of accounting, to suggest certain standard methods of building, heating, and ventilation, and to encourage and help overworked superintendents by giving them proper assistants to aid them in their work. It should be recognized that some men are specially good administrators, and consequently should be given specially good clinical assistants; others are specially

good in devising plans for the improvement of the persons entrusted to their care, and such men should have specially good administrative assistants.

It must be remembered in any attempt to standardize our institutions that this State work has been going on for half a century, and that it has not been possible to foretell, because of the enormous increase in population, the great complexity of the problems arising from the rapid growth of the urban population. In some cases, where seemingly wise plans for the development of the institutions have been made, these plans have not been accepted by the Legislatures, and make-shift plans have had to be substituted, which in the long run have entailed additional expense.

Wise, helpful, constructive criticism of the institutions will undoubtedly do much to make for general economy, but this committee is quite sure that the plan proposed is destructive in its nature and makes for neither efficiency nor economy.

In an interview with Governor Walsh printed in the "Boston Post" of April 6, 1914, in which practically all the work of the State is discussed, the following statement is made:

The Governor has had the trustees of the Westborough Insane Hospital before him and there has been a sharp investigation made of conditions in that institution. It seems that the attention of the Governor was called to an old lady who was forced to pay \$200 to release her son from this institution.

The man in question had been adjudged sane for some time, but was unable to secure his release from the authorities. Mr. Walsh took a particular interest in the matter and he made an investigation to find out what the chances were for patients in the insane hospitals to secure a release.

As a result of his investigation, he found that hundreds of men were kept in the insane institutions because they were found to be useful in doing work on the grounds and about the various State institutions.

#### SURPRISED BY CONDITIONS

The Governor told the trustees that he was very much surprised by the conditions that existed and that he believed there was something radically wrong with the system providing for the release of patients. He found upon investigation that many inmates of the institutions were held because of their skill in various trades in demand in the institutions.

In another institution the Governor has been told of the necessity of hiring policemen to keep out the attendants on Saturday night after their half-holiday spree. It seems that it is the regular custom of the trustees to hire a policeman to maintain order on the part of the attendants on Saturday night, so as to protect the patients.

Evidence has been presented in the case of the Tewksbury institution to show that many of the patients spend their time playing poker.

Again there is one Board of Trustees which is badly disorganized because two of the trustees are suitors for the hand of one of the matrons in charge of an institution. These are only a few of the charges or arguments which the Governor has up his sleeve on the conduct of the State institutions, when the Legislature gets through with its consideration of the matter.

#### TRUSTEE BOARD ALL AGED

Last week he summoned the membership of a Board of Trustees to meet him in his office. Every male member of the board was over seventy and the two women members were so old that they had been escorted in on the arms of their co-trustees.

When the Legislature gets through with the matter of State institutions the Governor will have considerable to say. In a general way, he regards the members of the State Boards as honest and sincere; but his study of conditions has revealed a situation which does not assure efficiency and economy, but rather helter-skelter methods, resulting in tremendous waste.

On April 7 two men well known as proprietors of large private hospitals for mental cases were heard. I have already published their statements in full in another volume, but I shall repeat them here, for it seems to me very significant in connection with the work of the State Board as showing the interest and influence of the private hospitals in the work of the State, and especially the organized attempt several of the owners of these hospitals had made to prevent my being appointed to the Board.

#### TESTIMONY OF DR. HENRY R. STEDMAN BEFORE THE COMMITTEE ON WAYS AND MEANS SITTING WITH PUBLIC INSTITUTIONS IN ROOM 439, STATE HOUSE

**Examined by John N. Cole, Esq., Chairman of the State Board on Economy  
and Efficiency, April 7, 1914**

Q. Dr. Stedman, you are a trustee of the Taunton State Hospital? A. Yes, sir.

Q. Mrs. Stedman is also trustee of what institution? A. Monson Hospital.

Q. As trustee of the Taunton State Hospital you are chairman of the Board? A. Yes, sir.



Q. As chairman of the Board of Trustees of the Taunton State Hospital, how did information come to you that the Board of Insanity had made an investigation that was not favorable? A. I went down one day to see Mr. Wolcott on another errand, not knowing anything about such a report, and while there he read me this rather unfavorable report.

Q. Are you also the proprietor of a private hospital? A. I am.

Q. The name? A. Bournemouth.

Q. Are you also a member of the Society of Psychiatry and Neurology? A. Yes, sir.

Q. Such an institution has been in existence how long? A. I don't know how long. Dr. Channing founded it about thirty years ago.

Q. Have meetings of that society been held frequently at your office? A. Not of that society.

Q. Did you have meetings at your office to devise means of defeating the appointment to the State Board of Insanity of men you did not control or that you did not wish to have appointed? A. There were some meetings held there but I was not responsible for it all. I certainly opposed a certain member for the Board because I considered it a public duty.

Q. Only one member? A. That is all I recollect now.

Q. Do you recall all the different members that you have recommended as members of the Board of Insanity at your office or other places where certain physicians gathered? A. No. You mean recommended to the Governor? No.

Q. Directly or indirectly? A. I have talked with certain people. Whether it resulted in their seeing the Governor about it I do not know.

Q. Can you recall how much money has been expended for the last five years for the sole purpose of hiring counsel, detectives and other people to promote or defeat the appointments of members of the Board of Insanity?

A. I don't know of any money spent to promote an appointment. I believe some small sums may have been spent to defeat some.

Q. Can you tell us the name of the counsel employed by the association? A. There has not been any single counsel appointed.

Q. Has not Mr. Herbert Parker been the counsel of your association? A. No, not at all. He has advised me personally, and what payment he has had has come from me personally.

Q. Could you recall as the result of those meetings who was designated to see the Governor? A. I don't remember now.

Q. You don't know what different doctors were asked to see different councillors? A. No, I don't.

Q. Can you remember at all what process was followed in getting at the councillors and the Governor when appointments were to be made? A. I don't know that people who had influence were asked to see the councillors or the Governor. I suppose they were seen by different doctors as often happens when the question of an appointment comes up.

Q. And nothing was done by your organization that was at all different from the usual proceeding? A. No, nothing was done.

Q. And you are quite sure that you have never engaged counsel to set before the Governor or Council any particulars regarding any one? A. No, I am very sure about it.

Q. Do you know how much money was expended for the work of promoting or defeating an appointment of a member or members to the State Board of Insanity? A. No, the amount of money expended for that was a trifle.

Q. (Handing witness paper.) Is that a private paper sent out by you and paid for by you? A. We were all interested in that. I don't remember how it was paid for, whether we took up a collection or not.

Q. May I ask if in your organization you called in Mr. Swig to co-operate with you at one time? A. Mr. Swig came to one or two of our meetings, stating that he wished to help us defeat a certain nominee and we allowed him to come to one or two of our meetings.

Q. Did he come upon your invitation or upon his own invitation? A. He wished to come very much and I understood from him that another doctor wished him to come, and to tell the truth I was quite impressed with his desire to co-operate and to see that the very best men were appointed to positions in the State.

Q. Then he co-operated with you at that time? A. Yes, we supposed he did.

TESTIMONY OF DR. WALTER CHANNING BEFORE THE COMMITTEE ON WAYS AND MEANS SITTING WITH PUBLIC INSTITUTIONS IN ROOM 439, STATE HOUSE

Examination by John N. Cole, Esq., Chairman of the State Board on Economy and Efficiency, April 7, 1914

Q. Dr. Channing, you are a trustee of the Boston State Hospital? A. Yes, sir.

Q. Have you a private hospital? A. I have. The Channing Sanitarium.

Q. Are you also a member of the Society of Neurology? A. I am.

Q. As a member of that society have you attended meetings at the office of Dr. Stedman? A. They were not meetings of any committee or meetings of that society, just men that came together.

Q. And the meetings have been held when there was a vacancy in the State Board of Insanity? A. Yes.

Q. Who would usually be in attendance besides yourself and Dr. Stedman? A. I don't know as I can remember. Drs. John B. Blake and George W. Gay. They have nothing to do with the Society of Neurology.

Q. These meetings were held for the purpose of favoring the appointment of members of the State Board of Insanity? A. Yes.

Q. Dr. Howard went to some of those meetings? A. Some of the meetings. I don't know as he went to them all.

Q. Were most of these connected with State Boards of Trustees? A. I think so. I think it was purely an accident.

Q. Do you recall a fund to promote or prevent the appointment of persons to the State Board of Insanity? A. No.

Q. Do you recall the employment of counsel in any case? A. No, I don't recall any. No regular counsel was employed.

Q. To the best of your knowledge and belief was not a detective sent from the office of an attorney to do certain work for this group of men? A. I think a clerk in the lawyer's office was sent.

Q. In the letter sending him to you was he not mentioned as a detective on whom you could rely? A. I don't remember.

Q. How often were these meetings held? A. I don't think there were more than four or five.

Q. As a result of those meetings who was delegated to see the different councillors and the Governor? A. I don't think there was any special one as a rule.

Q. It was usually arranged so that some one would see the Governor and Council? A. Yes, sir. No particular plan about it.

Q. Did your organization present to the Governor Dr. Baldwin as a candidate? A. I don't remember.

Q. Did your organization take any active steps to bring about the resignation of a member of the State Board of Insanity in order that a particular person could be appointed? A. I don't remember.

Q. Your private hospital has quite close relations with the State Board of Insanity? A. The same as any other.

Q. Can any person be committed to your hospital without the permission of the Board of Insanity? A. The same as any other institution.

Q. Have they made regular visits according to law. A. I think quite regular visits.

Q. Have they made those visits twice a year? A. I think the Board has made regular visits.

Q. Can you recall a certain period when the State Board of Insanity did not visit the institution at all? A. I could not without looking it up.

Q. Could you give any idea how many years? A. I could not.

Q. Are they giving it more attention at the present time? A. As far as the members of the Board are concerned.

Q. Have all recommendations made by the State Board of Insanity been complied with? A. I think so.<sup>1</sup>

The "Boston American" headed its report "Doctor Admits 'Slush Fund' in Insanity Board," and gave a short account of the hearing, which was very significant as showing of what had been the organized opposition among certain physicians against my ap-

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<sup>1</sup> See Chapter III, page 4.

pointment as a member of the State Board. The "American" says:

APRIL 7, 1914.

DOCTOR ADMITS 'SLUSH FUND' IN INSANITY BOARD

Talk of a "slush fund" raised among Boston physicians to determine the membership of the State Board of Insanity was the feature today at the hearing before the legislative committees on Ways and Means and Public Institutions, on the recommendations of the State Board on Economy and Efficiency to consolidate State institutions under a single paid board.

Dr. Henry R. Stedman, chairman of the Taunton State Hospital trustees, was questioned by Chairman John N. Cole of the Efficiency Commission. He said he belongs to the Boston Society of Psychiatry and Neurology and admitted that meetings have been held in his office to favor or oppose the nomination of certain individuals for membership on the State Board of Insanity.

He declared the meetings were not all his own responsibility. He said that other men than members of the Psychiatry Society attended.

He was asked how much money had been raised to employ "detectives" and counsel to defeat or favor certain candidates. He said he could not.

Chairman O'Meara of the State Board of Insanity denied any knowledge whatever of the use of money or influence to any considerable degree for or against appointments.

Dr. Walter Channing, chairman of the Boston State Hospital trustees, said Dr. John G. Blake, Dr. George W. Gay and Dr. Herbert E. Howard, superintendent of the Peter Bent Brigham Hospital, attended some of the Psychiatry Society meetings. There were five, he thought, of these meetings.

Mr. Edmund A. Whitman, chairman of the Board of Trustees of the Gardner State Colony, was also called, and was of the opinion of the Commission on Economy and Efficiency, that a change in the system would be timely.

"Under the present system," said Mr. Whitman, "the members of unpaid Boards of Trustees are not generally acquainted with their duties at the outset, and it takes some of them a long time to get acquainted; therefore, most of the business is left to the superintendent; and a doctor is not only not always the best administrator, but his time would often better be given to the patients. It is a farce to ask trustees to check accounts and bills of which they know nothing. The accounting system generally in institutions is a joke. Again, we know little of what is going on outside of this State in matters of the regulation of institutions. The State will allow travelling expenses to the State line, but not further."

In answer to questions put by Mr. Wolcott and Commissioner Cole, Mr. Whitman said that he felt that a change was highly important, but he said he was not prepared to go all the way with the Economy Commission, for he did not think that the benefit of all the changes suggested would be determined until they had been tried.

REPRESENTATIVE GREENWOOD. Do you mean to say that you do not check the bills of the institution of which you are a trustee?

MR. WHITMAN. We check them as well as possible, but our check is necessarily perfunctory; we are not trained auditors and we do not know the current prices of supplies or the relative grades of goods.

Dr. Herbert B. Howard, superintendent of the Peter Bent Brigham Hospital, formerly chairman of our Board, defended the system of unpaid supervisory boards and followed:

"This is a great subject," said Dr. Howard, "and I was glad when the Commission took hold of it. I thought that we should have a careful study of the situation, but in the report I find little suggesting either economy or efficiency. I think that the Massachusetts Boards of Trustees have done remarkably good work. If the trustees had had the opportunity to read this report before it was printed they would have wiped out many misleading statements. . . . It is not true that the unpaid Boards are an aristocracy. We used to have a member who ate his pie with a knife, even when he was at the Parker House. It strikes me that our institutions are the best managed in America."



## CHAPTER XXI

FINAL HEARING. — SUMMARY OF ARGUMENTS OF COMMISSION ON ECONOMY AND EFFICIENCY. — DRAFT OF BILL FOR REORGANIZATION SUBMITTED TO L. VERNON BRIGGS, WHO MAKES CRITICISMS FOR GOVERNOR. — SECOND DRAFT OF BILL EMBODIES L. VERNON BRIGGS' SUGGESTIONS AND BECOMES A LAW

The final hearing on the proposed reorganization was held on April 14. It is well summed up by the "Evening Transcript," from which I quote:

In summing up of the arguments for and against the report of the Commission on Economy and Efficiency for a central board of control over State institutions was heard today by the joint subcommittee on Ways and Means and Public Institutions. . . .

It took Commissioner Cole more than an hour to read his summary of the case, and his statements brought from members of different State Boards shakings of the head and smiles from time to time but they could not deny the impressiveness of his rhetoric. When he referred to one of the expert witnesses for the present system as an "apostle of Joy Street" a broad and involuntary smile circulated.

In the report on the issue, read by Miss Frances Curtis, the thesis was that the Commission on Economy and Efficiency has entirely misconceived the system by which the State institutions are now conducted.

Beginning his argument, Commissioner Cole said with emphasis: "Public service is no longer a private trust. The crying need in these days of enormous demands made upon the taxpayers (who include the people of every community) is for such a co-ordination of State departments and such a relation to the one central head, namely, the people, and such a co-operation between the various departments, one with another, as shall make for greater efficiency. Such co-operation can never be secured where three disjointed heads dealing with two score or more different institutions, make up an attempted system. There does not exist in this Commonwealth a more nearly perfect political machine than that made up of the 'unpaid' public servants of Massachusetts. You have heard appeals here stating why that rare service entitled 'unpaid' should not be destroyed, because it has given to the Commonwealth so much 'unselfish devotion' to the best interests of the Commonwealth.

"From every person testifying you have learned that no two separate Boards of Trustees under the Board of Charity have a similar conception of either the duty of trustees in formulating policies or in working out adminis-

tration. You have learned that instead of being a clearing house for all the various trustees under the direction of this supposedly central board, they are nothing more or less than what they have been so aptly termed, an 'aristocracy of satisfied supervision.' It is not alone, however, in its relation to the various Boards of Trustees under it that it has been made clear by these hearings that the State Board of Charity fails to furnish the service expected of it. Within the Board itself there has grown up such an arbitrary organization in its direct bearing upon the great problems of administration of such departments as care of the adult poor and care of minor wards, that no longer are these departments genuine public agencies, or the officials at the head of them public servants amenable to the public itself. Extravagance is there to an alarming extent, and service is not rendered to an even more alarming extent.

"The State Board of Insanity may be passed over with a less careful analysis. *The minute that a courageous Governor succeeded in breaking down the oligarchy that has controlled appointments to this Board for the last twenty years in Massachusetts, that minute began the destruction of the arbitrary system which has obtained in the State Board of Insanity all that time.* Today you see a disorganized Board, not disorganized because men of high character are not on it, but disorganized because men of independent opinions are on it, and no two of them agree upon the present problems to be met by the Board under present conditions; upon the present system under which they are working, or upon the merits of the proposed plans of this Commission.

"To the credit of the members of this Board be it said that they frankly and openly expressed their opinions.

"To discuss the present organization of either one of these three departments, or of all three together as a system, is to dignify one of the most disjointed, disorganized fields of work that a student ever saw with a title to which it has no claim whatever. The very statutes themselves prevent any suggestion of a real system, and while in theory all are related, in practice no two institutions in the Commonwealth have any sort of a relation, either one to the other, or to a central controlling board, that gives any right to suggest that they represent a system of service, either to the wards of the Commonwealth or to the Commonwealth itself.

"The most serious condition with respect to misapplication of appropriations noted by the Commission was found at the State Infirmary at Tewksbury. Here the Commission traced over \$20,000 of money appropriated in a single year directly from maintenance items to the uses by institution officials for the construction of new buildings.

"This system of transfers, marking a careless attitude toward appropriations made by the Legislature reaching an amount exceeding \$20,000, in a single institution, and believed by this Commission to approximate for all institutions easily a half million dollars annually, is an indictment of present business methods not to be denied, and sufficient to justify drastic legislation under the direction of this committee. It is a method which leaves the Commonwealth in a position of absolute ignorance as to either its investment in

institutions, or the burden which institutions have made upon the Commonwealth, and, worse than this, has spread a spirit of do-as-you-please among the trustees and officials that cannot fail to result in an enormous waste in money appropriated for the last twenty years under the present system."

To quote some opinions from each member of the Board of Insanity as in addition to the above I take from the report itself the following, expressed either at these hearings or in conferences with this Commission, and expressing honest judgment in every case.

Dr. O'Meara says:

"From my experience on this Board I don't see that we are closely related to the intimate management either in a financial way or in a supervisory way, except as different institutions are willing to accept suggestions, and they all accept them with different attitudes and in different degrees.

"I couldn't conceive how any man, with the administrative detail of an institution as large as 1,000 inmates to look after, could, except in the remotest possible way, be related to the medical part of his work. . . .

"Our Board has no relation to the selection of superintendents.

"The guidance of the State Board of Insanity is purely recommendatory."

Judge Mason's testimony set forth very little of a definite nature, but it was clear from his statements that the relations existing between the State Board and the various institutions were of a very indefinite character.

In Dr. Briggs' comment, he clearly sets forth conditions that must be given careful consideration by this committee when he states:—

"I therefore believe that the Board of Insanity should have more power, that it should either be a Board of paid members giving their whole time to the problem, and when I say paid members I mean exactly what Dr. O'Meara said, that the Board should be composed or represented from the different classes of people, the men who have had experience and can afford to give their time, and the busy man whose advice is fully as valuable, who has to take from his own earnings the time to give to the Board.

"The public look to the State Board of Insanity to correct evils and improve conditions. We have no power to do so. We spent weeks at the Worcester hearing, heard the testimony, and made very plain to the trustees the changes we considered necessary. The trustees of the Worcester Hospital have apparently paid no attention to our recommendations, and we ended our report with our own statement,— 'the Board realize how impotent they are to correct abuses that inevitably will arise whenever the number of nurses and attendants is inadequate to properly look after the patients who are assigned to their care.' Your statement is perfectly true that we have no

power, and the nurses held responsible in that report are still holding office in that institution. The same way with our private hospital investigations we have made. Several recommendations which should have been adopted were made by the Board, but the necessary corrections in the private hospitals have not been made.

"The Board up to the present time, with the exceptions that I have stated above, has been a Board supervising custodial care, and the State of Massachusetts has never yet expended one cent knowingly in any appropriation for the prevention of insanity."

Mr. Hall has brought to his work the training of a business man of high standing and large success. Answering a question about the business administration, he stated:

"I believe in a central purchasing agency, not a one man affair, I think three men might do it. I never saw a large corporation which would entrust that part of its work except to a man who gave his whole time to it.

. . . . .

"One thing, I think, must have impressed you, Mr. Chairman, and being a new person on the Board I would not for a moment intend what I say as a reflection on my associates even in the most cursory manner. I realize how little power they have and that the trustees are the ones who are responsible. The law says that the Board shall visit every institution twice a year, and I believe that it is a very important matter that the Legislature should increase the powers of the Board, not only make them supervisory, but mandatory, where the interests of the State are concerned, and I believe if they had known all the facts in the Grafton case, my associates on the Board would not have approved them any more than we do now. So, as I say, while I don't for one moment suggest any reflection on the members of the Board, I do on the inadequacy of the Board. It was and it is a complimentary office, and that is about the size of it as the duties are assigned now. [In conference with Commission January 23, 1914.]"

The newest member of the Board, Mr. Wolcott, has evidently "seen the light" very clearly since his inauguration. After he had been a member of the Board for two and a half hours, he spoke to our Commission as follows:

"I have felt for a very long time that one of the very first questions for legislation, and therefore for this Commission on Economy and Efficiency to consider, was the concentrating and the defining and the fixing of the duties and responsibilities in connection with our wards in the prisons, the charitable institutions and the insane."

Before this committee when this matter was brought to his attention, or a few weeks after his original declaration, he stated that he still agreed in part with what he said, but that he disagreed in part. It was certainly very clear in the testimony brought out before this committee that a much closer relationship between Mr. Wolcott and some of the trustees in the institutions has been worked out during his two months' membership in the State Board.



The subcommittee must have been convinced, as has this Commission, that the direct and indirect testimony coming from those interested in the insane institutions of the State have shown that with no central controlling board actually existing, with such conditions maintaining in the supervisory board as are set forth so clearly; that with policies differing as they do throughout all of the insane institutions; that with the constant growth of the insane population of the Commonwealth, the time has come for serious consideration to be given to a change in present administrative methods. It is not necessary to cite any further evidence to prove that there has been brought out before this committee very little testimony in favor of the present system so far as the State Board of Insanity is concerned.

In addition to the members of these different central boards, this committee has had before it various trustees representing practically all of the 29 institutions within the Commonwealth. No two Boards, and representatives of no two Boards even where similar problems are involved, have testified before you in a way to indicate that anywhere, or in any way, is any sort of a comprehensive plan being worked out in the Commonwealth in connection with any of the different kinds of activities. Trustees with the same problems have exactly the opposite attitude toward the State Board of Insanity; for example, a trustee of the Monson State Hospital has said: "As far as our position goes, when the State Board of Insanity suggest anything, it is a command to us," while the trustees of the Worcester State Hospital have failed utterly to carry out the recommendations of the Board of Insanity according to the testimony presented before this committee. Trustees of institutions which ought to work along co-operative lines have testified that today these institutions are practically competitors in a field of endeavor where no other thought should animate either the men in control, or the men who are controlled, but a co-operative working out of all the local problems in such a way as to bring about a well-defined result in the one great problem.

To discuss this present organization of either one of these three departments, or of all three together, as a system, is to dignify one of the most disjointed, disorganized fields of work that a student ever saw with a title to which it has no claim whatever. The very statutes themselves prevent any suggestion of a real system, and while in theory all are related, in practice no two institutions in the Commonwealth have any sort of a relation, either one to the other, or to a central controlling board, that gives any right to suggest that they represent a system of service either to the wards of the Commonwealth or to the Commonwealth itself.

This committee should not pass over a consideration of the present organization as it relates particularly to the State Board of Insanity without giving careful heed to some very pertinent testimony, setting before you on the one hand a claim of wonderful efficiency worked out in oversight of private institutions through the State Board, and, on the other hand, the interrelations between trustees of State institutions and the people interested in private institutions. This leads one to assume that not in every case in insane work has "unpaid service represented unselfish service."



This committee may very wisely review that testimony which was placed before the subcommittee showing that a member of the State Board of Insanity submitted the preliminary draft of a report to a chairman of the Board of Trustees of the institution involved, who in turn is known to be the head of one of the most important private hospitals of the State, and who was shown by further evidence to be the most prominent factor in an organization whose principal work appears to be selecting members of the State Board of Insanity and trustees of various State insane institutions. Not alone was this particular trustee in this work. Associated with him, as shown by the evidence, will be discovered other trustees and other men who have held important positions in Massachusetts institutions, who have been trustees of various hospitals, who appeared here, and in the same "unselfish" and "disinterested" manner testified in favor of present conditions.

In the public print, especially in one particular newspaper, are some crumbs of comfort (as extracted from the testimony by the State Auditor before this committee on Monday, March 30) for the oft-repeated claim and the frequently-referred-to opinion that the accounting system in all of the institutions is admitted to be bad, but that the reason for it is found in the Auditor's department.

In his preliminary statement the State Auditor said:

"Let me say that while the Auditor has full authority to install any system of accounting he sees fit in connection with any institution, any Board or any Commission in this Commonwealth, unless there is a co-operation and co-ordination on the part of the institution, the Board or Commission, it seems to me it is an utter impossibility for the Auditor to carry out the law, because there is no penalty imposed provided the head of the institution, or the Board or Commission does not see fit to carry out the instructions laid down by the Auditor."

Following this statement, Mr. Pope was questioned as follows:

"MR. COLE. Mr. Pope, what authority have you to enforce the law if any institution fails, through bad management or other failure on their part to carry out instructions? A. None whatever.

"MR. TYRRELL TO MR. POPE. You don't believe the Auditor's department has any financial control? A. No financial control.

"MR. COLE. Then your control is simply of the systems and methods that are to be followed?

"MR. POPE. We simply lay down a line of procedure.

"MR. TYRRELL. Just one question more — the present system of financial control is placed in the individual trustees of the individual institutions, is it not?

"MR. POPE. Yes, the expenditure of the appropriations."

We would not for a moment claim that improvement cannot be secured by improved service in the Auditor's department, any more than we would allow our modesty to contribute a suggestion that practically every improvement put into force by the Auditor's department in the last four months, and many improvements already put in force in the institutions themselves, had their

origin in the visits of this Commission, or in the recommendations of this Commission.

An illuminating incident may be cited by comparing the attitude of practically every other trustee in the State with that indicated in the testimony of the chairman of the Board of Trustees of the Gardner State Colony. There need be no other comment than to quote testimony given honestly and freely, with the single thought in mind of bettering the public service. In the report of the hearing on April 7, 1914, Mr. Edward A. Whitman, of the law firm of Elder & Whitman, testified as follows:

"I have read the report of the Board on Economy and Efficiency with a great deal of interest, and I found a good many things there that I agree with. Whether the plan that they propose as a method of solution is the correct one or not I do not propose to state, but I have been impressed with the difficulty of handling our institutions under the present system. I am not saying whether the proposed change will improve it or not, but a Board of Trustees unpaid, many of whom having to learn their jobs, and at best unacquainted with situations which they are called upon to meet, presents a series of difficulties which Massachusetts has not yet solved. . . .

"With regard to insane institutions, I have studied my own and seen some of the others. Under the present system, the management of the entire institution must be left to the physician, and I don't need to emphasize, what has already been called to your attention, that physicians are not always good administrators. The business side of the institution interferes very materially with the successful administration of the institution from the patient standpoint.

"The superintendent that we recently had at Gardner was invited there because of the success, and marked success, he had made in a hospital in New York in the treatment of a certain class of patients. We invited him to Gardner to repeat and extend in Massachusetts the work he had been doing there in New York. He did not get the comfort and assistance from the New York Board of Control — a central board of control I believe it is — which he desired. When we got him into Massachusetts he was so busy with running the farm, with buying supplies, with hiring help, and with doing all the other things in the business line that, after a little over two years, finding that he did not have any time at all for the work which he came over to do, he decided to go somewhere else, and Massachusetts is losing the work which we got him here to do.

"The trustees have thrown upon them a good many duties that are purely historical. When the institution was small you might ask the trustees to audit the accounts. At the present time, in a trustees' meeting the first thing we do is to sit down and take a stack of bills and proceed to approve them, about which we know nothing, and if there is one farce in the State of Massachusetts it is sitting a Board of Trustees down to a lot of accounts about which they know nothing."

When this committee and the Legislature discover conditions it will change the present indifferent, haphazard method of development of State

institutions through the construction of new buildings into a standardized method and it will eliminate the type of oversight now vested in some of the most incompetent men who could possibly be called upon to judge of business methods and of building requirements.

The commission cited Grafton as an illustration of waste and extravagance. Nothing that has been said before you has proven that any other situation exists. The answers by the trustees should be carefully considered by your committee, particularly the opening sentence in which they state: "Every board of this State, paid or unpaid, should stand or fall according to the measure of work done by it." If you men of judgment will analyze conditions at Grafton, the resignation of the Board of Trustees who have had control of construction work at that institution will be in the hands of the Governor within twenty-four hours after you make your findings. To analyze all of the answers made by the trustees, or all of the charges made by this Commission, must be left to you, and the conclusion determined from the evidence submitted.

The trustees in their answers have called attention to the interest of the trustees and the careful oversight given by them. Yet the acknowledged records of that institution show that only once in the period covered from January 1 to August 1, 1913, did the trustees meet at Grafton Colony, and the relation of the Board of Insanity itself to the problem is well shown in the testimony which shows that not a single conference has been held between the local trustees and the Board of Insanity. The opinion of the Board of Insanity is shown in the testimony setting forth the fact, as stated by the chairman of that Board, that Grafton was impossible of defense, and even more picturesquely by one of the members of that Board who called attention to the Queen Anne fronts and the Mary Jane backs of the various buildings at the colony.

During the winter of 1914 Governor Walsh had called me into consultation in regard to the report of the Commission on Economy and Efficiency, as we believed that there should be a reorganization. He had been beset by men who had opposed my appointment to the Board of Insanity, their idea being that if they could effect the proposed reorganization I should be left off the Board. Governor Walsh listened to them and kept me informed of their activities and objects, and we both played into their hands, they not knowing that we too wanted the Board reorganized — though I objected to a consolidation with the

other State departments. Interesting as was the proposal of reorganization now made by the Commission on Economy and Efficiency, most of us felt that the changes proposed were not only too drastic, but that the scheme of a central board of control of the institutions then under the State Board of Insanity, the State Board of Charity and the Prison Commission would be a very dangerous and probably a reactionary experiment in our State. However, it had been distinctly proven that some form of reorganization was necessary, and a tentative bill was drafted, with the intention of keeping the State work for the insane and feeble-minded under a separate organization.

At the Governor's request, I made a very careful study of this draft and sent him the following letter, with criticisms enclosed:

MAY 25, 1914.

Hon. DAVID I. WALSH, *Governor of the Commonwealth, State House, Boston.*

DEAR GOVERNOR WALSH:—In accordance with your wishes I have gone over the draft of the bill for the reorganization of the State Board of Insanity very carefully, and herewith append my criticisms and suggestions.

Yours very truly,

L. VERNON BRIGGS,

#### CRITICISM ON FIRST DRAFT OF BILL ASKED FOR BY GOVERNOR WALSH

*Section 1.* I doubt the advisability of the executive secretary being a member of the Board rather than an employee. I believe the Board should consist of three members, not more than two of whom should belong to the same political party, and that they should appoint an executive secretary.

It will require such an organization to properly attend to the duties involving the care and supervision of the 17,000 dependents now under the Board of Insanity.

In West Virginia, Iowa, Vermont and Minnesota there are boards of three, appointed for six years each.

In Colorado there is a board of six, appointed for six years each.

In Illinois and South Dakota there are boards of five, appointed for six years each.



In Michigan there is a board of four, appointed for eight years each.

In Kansas there is a board of three, appointed for four years each.

It would take a new member a year or two to intelligently administer the work.

I would suggest that "any member of the board may (for cause) be removed."

*Section 2.* The Norfolk Hospital for inebriates should be excepted, as it now goes under the Board of Charity. I presume the failure to mention the Hospital Cottages for Children, as in section 7, chapter 504, Acts of 1909, is because it is thought desirable not to longer continue the Board of Insanity's supervision. I agree that the Board of Charity should supervise this hospital.

*Section 3.* Why is not the same language used in section 3 and section 16? Section 3 says: "shall be disposed of by the commonwealth and the income therefrom shall be expended by the state board." Section 16 says: "the board shall administer any real or personal property," etc.

*Section 4.* I should insert in the first paragraph: "and may suspend or remove them" (the agents and subordinate officers). (The Minnesota Board has power to order the dismissal of any employee of any institution. The Illinois Board appoints all employees subject to civil service rules, and fixes their salaries.)

I believe a paid Board should not have the power to "delegate any and all of its powers and functions to agents." This was considered the joker in the present law and resulted in much neglect and ignorance on the part of members of the Board of conditions at the private hospitals, many of which the old members never visited during the whole term of their office. (The Virginia Board must visit personally "by at least two members" every public institution as often as once every six months, and every private institution as often as once every year.)

I would suggest adding to this section the last few lines of section 5 of chapter 504, Acts of 1909, using the word "control" in place of the word "supervision," viz.: "and information embodying the experience of this country and other countries relative to the best and most successful methods of caring for such persons as come under the supervision of the board."

*Section 6.* What is "a reasonable number?"

*Section 9.* I presume the laws concerning the commitments passed in 1910, 1911 and 1912 have been carefully gone over so that this section will cover these new laws, but no mention is made in this section of laws after 1909.

*Section 11.* I would suggest: "appoint or remove."

*Section 13.* Licenses are not now for any "term." This results in confusion and irregularities, and this section, I believe, should be changed to provide that all licenses shall terminate and be renewed on certain dates, or that all licenses shall be renewed annually or given for a certain term of years.

*Section 14.* Foxborough, beginning June 1, will receive all classes and both sexes, and should be made no exception, as has been done in this section. This also conflicts with section 11.



Who has the power to remove the members of the Board and ought not this section to read: "The members of the board or any of them?"

It is of course better not to change the title of the present "trustees," but can they retain that title?

*Section 15.* Under "J" would it not be better to add in the last line on the page, after "ground" "involving an expenditure of more than \$1,000," or some fixed sum?

In some of the States the superintendents appoint their own assistants and are held responsible for them. I simply call attention to the question whether it would be better for superintendents to be absolutely responsible for their assistants rather than have to work with men who are not congenial to them and in no way their choice.

I suppose it is not necessary to specifically repeal in the 1909 law, section 15, where it says: "the government of each of the institutions," etc.; and section 21, about "collections and disbursements of money," etc. Probably this is covered somewhere in the law, but I just call attention to these sections.

The present Board of Insanity has a financial agent, Mr. Libby, whose duties are to co-ordinate and make co-operative the buying of the staple products for the different institutions. Also connected with this financial department is a laboratory for analyzing coal and foodstuffs under Mr. Flanders, the chemist. These men, although working for the different hospitals, are under the State Board of Insanity, but have no powers of purchasing, only advisory powers, the same as the Board. If it was thought best to start some central purchasing department, could not this department, under the reorganized Board, be made a central purchasing bureau for staple products, such as coal, flour, eggs, butter and such things as can be bought in large quantities for all the institutions? There is no mention of such a plan in the law, but I would like to call your attention to the matter.

Governor Walsh's desire to have incorporated in the new law any and every thing which I had recommended tending toward the better care and supervision of the mentally ill enabled me to insist that, whatever form of organization might be adopted, private hospitals should be licensed yearly, and that their licenses should be revocable by the Board; as well as upon other measures which will be recognized in the law as finally adopted. The Governor was a Democrat and the Senate was decidedly Republican, so it seemed necessary to have a prominent Republican Senator also interested in the reorganization. With

this in view the Governor asked Senator Charles E. Ward, Senate Chairman of the Joint Committee on Ways and Means and Public Institutions, sitting jointly, before whom the hearings had been held, to introduce and sponsor our bill. Senator Ward was given to understand that he should be appointed one of the new Board if he engineered the proposed law through the Legislature. It was presented after a few further revisions as Senate, No. 615, which embodied suggestions made by me and left out certain sections and parts of sections which I thought were either objectionable or unnecessary.

AN ACT RELATIVE TO THE ORGANIZATION AND POWERS OF THE STATE BOARD  
OF INSANITY

*Be it enacted, etc., as follows:*

SECTION 1. The state board of insanity shall hereafter consist of three members, to be appointed by the governor, with the advice and consent of the council. Any member may be removed for cause in like manner. One member shall be designated by the governor as chairman, and one of the other two members shall be chosen by the board as secretary. All of the members of the board shall devote their whole time to the duties of the board. The chairman shall receive an annual salary of fifty-five hundred dollars, and each of the other members of the board shall receive an annual salary of five thousand dollars. At least one member of the board shall be an expert in all matters relating to insanity and to the care and treatment of the insane. Of the members of the board first appointed under this act one shall be appointed for a term of one year, one for a term of two years and one for a term of three years, and thereafter the members of the board shall be appointed for terms of three years. If a vacancy arises in the board it may be filled by the governor, with the advice and consent of the council, and the person so appointed shall hold office until the expiration of the term of the member whom he succeeded. The provisions of section twenty-one of chapter three of the Revised Laws shall not apply to appointments made hereunder. The powers and duties of the members of the present board, and their terms of office, shall cease upon the appointment and qualifications of the members herein provided for.

SECTION 2. The state board of insanity in addition to its present powers shall have the following powers and duties: It shall have charge of all insane, feeble-minded and epileptic persons and of persons addicted to the intemperate use of narcotics or stimulants, the care of whom is vested in the common-

wealth by law, and of all institutions or buildings now or hereafter owned or maintained by the commonwealth for the care of such persons. But the board shall not have charge of the Norfolk state hospital or of the Hospital Cottages for Children; and the powers and duties now pertaining to the state board of insanity in respect to the said two institutions shall hereinafter pertain to the state board of charity. The state board of insanity shall have supervision and control of any institution which may hereafter be placed under its supervision and control by the governor with the advice and consent of the council. The board shall have the same powers relative to state charges in institutions or other places under its supervision and to their property as are vested in towns and overseers of the poor relative to paupers supported or relieved by towns.

SECTION 3. The board may appoint agents and subordinate officers, and may suspend or remove them, and fix their compensation: *provided*, that their compensation shall not exceed the appropriation made therefor by the general court; and *provided, further*, that no present officer or employee shall be suspended or removed except under the provisions of the civil service rules. The board shall make an annual report to the governor and council on or before the third Wednesday in January, the report being made up to and including the thirtieth day of November preceding. The report shall contain an accurate account of the receipts and expenditures for each separate institution, the market value of any products of any institution, and of the labor, if any, performed by the inmates; and it shall also contain an inventory of the property belonging to each institution on the said thirtieth day of November. The report shall also contain a classified and tabulated statement of the estimates of the board for the year ensuing, including the estimates for ordinary expenses and for any extraordinary expenses, and for the taking or purchase of any land, the construction, extension and repair of any buildings, and the improvement of any grounds. The report shall also contain a concise review of the work of the board for the year preceding, with such suggestions and recommendations and information relative to the said institutions and to the care of the persons therein as the board shall deem expedient. It shall also contain information embodying the experience of this country and other countries relative to the best and most successful methods of caring for such persons as come under the supervision of the board.

SECTION 4. If the board desires to apply to the general court for an appropriation exceeding two thousand dollars for any new building or for an addition to, or repairs of an existing building, or for the plumbing, heating, lighting, ventilating, furnishing or equipping of any building, it shall submit to the general court, not later than the third Wednesday in January, plans and specifications therefor and an estimate of the cost thereof. The expenses incurred for the preparation of working plans and specifications necessary to the preparation of such estimates shall be paid from the appropriations made by the general court. Should the general court fail to make an appropriation to carry out the purpose for which working plans and specifications were prepared, the expense of the same shall be paid from an

appropriation made for the purpose. Nothing herein contained, however, shall be construed as relieving the board from complying with the provisions of section four of chapter seven hundred and nineteen of the acts of the year nineteen hundred and twelve. All work to be done by the inmates or by persons regularly employed at the institution shall be exempt from the provisions of this section. Any petition, bill or resolve presented to the general court for any such new construction or other expenditure as aforesaid at a later date than is above specified, or without compliance with the other provisions of this section, shall be referred to the next general court, unless it be admitted for immediate consideration under the rules governing new business after the expiration of the time limit for its introduction. If an appropriation is made by the general court for any such improvement as is above described at any institution under the control of the board, the board shall solicit bids for the performance of the work by advertising in such newspapers as the board may select, and shall award the contract to the lowest responsible and eligible bidder; but no contract shall be awarded for a sum exceeding the appropriation available therefor.

SECTION 5. The board shall, subject to the approval of the governor and council, select the site of any new institution and any land to be taken or purchased by the commonwealth for the purposes of any new or existing institution under its supervision. The board shall have charge of the construction of any new building at any institution now or hereafter placed under its supervision, and shall determine the design thereof, and for this purpose may employ such architects and other experts or may hold such competitions for plans and designs as the board may deem expedient, unless the general court shall otherwise provide. In case any land or other property is taken or purchased by the board, title shall be taken in the name of the commonwealth.

SECTION 6. The trustees shall appoint a superintendent for each institution, with the approval of the board, who shall be a physician and who shall constantly reside at the institution. The trustees shall also appoint a treasurer for each institution, with the approval of the board, who shall give bond for the faithful performance of his duties. Assistant physicians, one of whom in each institution for the insane in which women are received as patients and in which more than two assistant physicians are employed shall be a woman, shall be appointed by the superintendent, subject to the approval of the board. The superintendent shall also appoint, subject to the approval of the board, such subordinate officers and may employ such other persons as may be necessary, with the approval of the board. The board shall make provision in its by-laws or otherwise for the appointment of such officers in each institution as it may deem necessary for the efficient, economical and humane management of the same, and shall determine, subject to the approval of the governor and council, the salaries of all the officers. The superintendent and assistant physicians at the Westborough state hospital shall belong to the homœopathic school of medicine. The board shall also establish by-laws and regulations, with suitable penalties, for the government of the said



institutions, and shall provide for a monthly inspection and trial of the fire apparatus belonging to the institutions and for the proper organization and monthly drill of the officers and employees in its use.

SECTION 7. The board shall have power to license private houses and hospitals for the care and treatment of the insane, epileptics, feeble-minded and persons addicted to the intemperate use of narcotics and stimulants, and may at any time revoke such a license. No such license shall be granted unless the board is satisfied that the person applying therefor is a duly qualified physician, as provided in section thirty-two of chapter five hundred and four of the acts of the year nineteen hundred and nine, and has had practical experience in the care and treatment of such patients. Any person owning or maintaining such a hospital or private house on the sixteenth day of June in the year nineteen hundred and nine shall be entitled to maintain the same under the provisions of law in force at that time, except that every such hospital or house shall be subject to the visitation and supervision of the board, its officers and agents. Any license granted heretofore under the provisions of section twenty-four of said chapter five hundred and four shall be valid, subject to revocation by the board. Licenses hereafter granted shall expire with the last day of the calendar year in which they are issued, but may be renewed. The board shall have power to fix reasonable fees for the said licenses and for renewals thereof. Whoever establishes or keeps such a hospital or private house without a license, unless otherwise authorized by law, shall forfeit a sum not exceeding five hundred dollars.

SECTION 8. The various boards of trustees established by general or special law for institutions maintained by the commonwealth for the care of the insane, feeble-minded, epileptics and dipsomaniacs, except the Norfolk state hospital and the Hospital Cottages for Children, shall have the following powers and duties: —

a. They shall, except as is otherwise provided in this act, retain all powers and duties now conferred or imposed upon them by law, and shall maintain an effective and proper inspection of their respective institutions, and shall from time to time make suggestions to the state board of insanity as to improvements therein, and especially such improvements as will make the administration thereof more effective, economical and humane.

b. The trustees of each institution shall ascertain by actual examination and inquiry, and shall report to the state board of insanity, whether commitments to the institution are made according to law, and whether the affairs of the institution are conducted according to law and according to the rules and regulations established by the board.

c. There shall be thorough visitations of each institution by two of the trustees thereof at least once in two weeks, and by a majority of them quarterly, and by the whole board semi-annually; and after each of such visits a written account of the condition of the institution shall forthwith be transmitted to the state board of insanity.

d. They shall carefully inspect every part of the institution as a board or by committees at least once in two weeks with reference to cleanliness and



sanitary condition, the number of persons in seclusion or restraint, dietary matters, and any other matters that may be considered worthy of observation.

*e.* The trustees shall investigate every sudden death, accident or injury, whether self-inflicted or otherwise, and send a report of the same to the board.

*f.* All trustees shall have free access to all books, records and accounts pertaining to their respective institutions, and shall be admitted at all times to the buildings and premises thereof.

*g.* They shall keep a record of their doings, and shall record their visits to the institution in a book kept at the institution for that purpose.

*h.* They shall personally hear and investigate the complaints and requests of any inmates, officers or employees of the institution, and shall, if they deem the matter of sufficient importance, make written reports to the state board of insanity of their determination of what, if anything, ought to be done in the matter.

*i.* They shall have power at any time to cause the superintendent or any officer or employee of the institution to appear before them and to answer any questions or to produce any books or documents relative to the institution.

*j.* The plans and specifications for the construction or substantial alteration of buildings, the site of any new building, the proposed taking or purchase of any new land, and plans for the grading of grounds or other substantial improvements at the institutions of which they are trustees shall be submitted to them, and they shall report thereon to the board within such reasonable time as the board shall fix, and no land shall be taken or purchased, no new buildings shall be constructed, and no substantial changes made in existing buildings or grounds until the opinion of the trustees thereon has been transmitted, as aforesaid, to the state board of insanity, or until the time fixed therefor, as above provided, shall have expired.

SECTION 9. Sections two, three, four, five, seven, eight, ten, eighteen, nineteen, twenty, twenty-four and twenty-five of chapter five hundred and four of the acts of the year nineteen hundred and nine, and so much of any other section of said act, or of any other act as is inconsistent herewith, are hereby repealed; but this repeal shall not affect any suit or other proceeding now pending. So much of chapter five hundred and twenty of the acts of the year nineteen hundred and seven and of any amendment thereof as relates to any institution under the direction of the state board of insanity is also hereby repealed.

SECTION 10. This act shall take effect on the first day of August in the current year. [*Approved July 7, 1914.*]

## CHAPTER XXII

QUESTION OF APPOINTMENTS TO NEW BOARD. — RESIGNATIONS OF TRUSTEES COMMENCE. — LETTERS TO GOVERNOR WALSH FROM FRIENDS OF L. VERNON BRIGGS. — NOMINATIONS MADE BY GOVERNOR. — NEWSPAPER CRITICISM OF APPOINTMENTS. — APPOINTMENTS CONFIRMED BY COUNCIL. — GOVERNOR WALSH CALLS TRUSTEES IN CONFERENCE. — END OF WORK ON THE UNPAID BOARD. — LETTERS OF CONGRATULATION

The question of appointing the members of the new Board of Insanity was immediately taken into consideration by Governor Walsh, and after many conferences his decisions were made and announced in the evening papers of July 14, 1914. The "Evening Record" (in an article illustrated by my portrait) said:

This is the "slate" for the new (paid) Board of Insanity:—

Michael J. O'Meara, M.D., Worcester.

L. Vernon Briggs, M.D., Boston.

Senator Charles E. Ward, Buckland.

The two former are members of the present (unpaid) Board.

Senator Ward has been boomed for the Republican nomination for treasurer. He has been chairman of the Senate Ways and Means Committee and held formerly the same position, relatively, when a member of the House.

Governor Walsh has a high opinion of Senator Ward's business acumen, integrity and liberal views in politics.

The chances are rather against Governor Walsh making the nominations at this week's meeting of the Council, as the fixing of the terms has not yet been decided on, nor the chairmanship.

One is to be appointed for three years, one for two, and one for one year.

The salary of the chairman is to be \$5,500, and of the others \$5,000 each.

At least one member must be an expert in matters relating to insanity and the care of the insane.

Governor Walsh had consulted me every few days during the passage of the new law, and, as I have

said, he told me that he had given Mr. Ward to understand that he should be appointed to the Board in return for his assistance in putting through the law which brought about the reorganization.

He at first told me that he intended to appoint me chairman of the new Board; and when he announced his appointments he sent for me and explained that a certain Catholic father in Worcester, who was a political power, had requested that Dr. O'Meara be made chairman, giving as his reasons Dr. O'Meara's long service on the previous Board and the fact that he needed the extra \$500 a year which the chairmanship would give him. Dr. O'Meara's appointment as chairman might have been considered suitable on account of his long service, but he was not at that time a psychiatrist, and, living in Worcester, could not give undivided attention to the work. But this appointment, like that of Senator Ward, had become a political necessity from Governor Walsh's standpoint, owing to the pressure brought to bear upon him by Dr. O'Meara's Catholic friends in Worcester. The appointment was made, however, with the understanding that Dr. O'Meara was to resign the following January, and that I was then to be made chairman. This arrangement, which Governor Walsh had assured me was his desire and intention, was never carried out, and Dr. O'Meara continued in the chair — owing to pressure brought from Worcester upon the Governor and, I presume, upon Dr. O'Meara himself, by those who opposed me.

The "Boston Globe" of July 24 comments on the probable appointments as follows:

It is now generally assumed that Governor Walsh will appoint Senator Charles E. Ward of Buckland to the new State Board of Insanity. Mr. Ward has been mentioned as a possible candidate for the Republican nomination for State treasurer, but his friends have apparently stopped work for him in connection with that office; moreover, the announcement that Gen. Frederick E. Pierce of Greenfield, who lives in Senator Ward's district, was in the field for the Republican nomination for State Auditor seems to indicate that Mr. Ward has withdrawn from the contest for any State office.

Mr. Ward is thoroughly familiar with the State's business. He has served for a long time on the Committee on Ways and Means in both the House and the Senate, and he knows how the various State institutions have been managed and ought to be carried on.

It is said that Dr. L. Vernon Briggs will be the expert on the Board of Insanity. Dr. Briggs is a member of the present Board.

Now commenced the resignation of trustees who were opposed to any change in the policies or practices of the Massachusetts State hospitals. These men wanted the duty of checking up the bills and controlling the financial policies of the hospitals, and especially the power to purchase land and erect buildings. When this power was transferred to the central Board and an effort made to organize and standardize State expenditures, the hospital work lost all interest for them — and it was well for the hospitals that those who cared so little for the human side of the work should no longer have control. The majority of the trustees realized that they still had important work to do on these Boards for the good of their fellowmen, but a number withdrew and made room for other men and women with more humane and less selfish ideas to take their places.

The first to resign were Dr. Stedman and two other trustees on the Taunton Board. This was announced in the "Boston Globe" of July 24, 1914:







THIS IS A ROOM IN ONE OF OUR STATE HOSPITALS WHICH MIGHT BE CALLED A CELL, WHICH WAS ALLOWED TO BE USED BY THE OLD BOARD OF INSANITY PRIOR TO 1913.

**THREE TAUNTON TRUSTEES OUT.—RESIGN FROM INSANE HOSPITAL BOARD.—PAID COMMISSION TO TAKE OVER MANY OF ITS DUTIES SOON**

**Stedman, Chamberlain and Francis Retiring**

Three of the seven trustees of the Taunton State Insane Hospital yesterday sent their resignations to Governor Walsh. They are Henry R. Stedman of Brookline, chairman; Loyed E. Chamberlain of Brockton, and James P. Francis of New Bedford. No reason for these resignations was given.

Mr. Stedman's term was to have expired this year, Judge Chamberlain's term in 1920 and Mr. Francis' term in 1917.

The management of the insane hospitals of the State has been discussed considerably on Beacon Hill this year in one form or another, and during the last days of the session of the Legislature a bill was passed creating a new paid Board of Insanity of three members. This latter Board has not yet been appointed by Governor Walsh but is likely to be named at any time.

It has been well known since Governor Walsh took office that he desired a decided change in the system of controlling the State insane, charitable and correctional institutions. In the matter of the insane hospitals he succeeded in securing the passage of the legislation providing for the paid Board, the effect of which will be to take from the hands of the unpaid Boards of Trustees connected with each institution certain powers which they have long enjoyed and turn them over to the new Board.

The other members of the Taunton Insane Hospital trustees are Charles N. Cain of Taunton, Simeon Borden of Fall River, Elizabeth C. M. Gifford of East Boston and Margaret Smith of Taunton.

**DOES NOT LIKE NEW LAW**

**James B. Francis says that is the Reason He resigned from Taunton Hospital Board**

TAUNTON, July 23.

James B. Francis of New Bedford said over the telephone this afternoon that it was true that he had resigned as trustee of the Taunton Insane Hospital.

His reason for so doing was that he did not care to serve under the law relating to the hospital which takes effect August 1. He said he did not like the bill and that was all he cared to say about it. He understood that Dr. Stedman and Judge Chamberlain had also resigned. Mr. Francis has been a trustee for eleven years.

ISLE OF SHOALS, N. H., July 23.

Dr. Henry R. Stedman of Brookline, who is now at the Hotel Appledore here, tonight explained his resignation from the chairmanship of the Board of Trustees of the Taunton State Hospital by saying that he felt he had been there long enough.

"I have served the State for the last twenty-two years," he said, "and I

feel that that is long enough. For some time I have been considering giving up the work at Taunton, and I have simply acted upon this conviction. There is no other reason for my resignation."

My reappointment had not yet been actually made, and my friends were busy in my interest. There was at this time no *organized* opposition by the Channing coterie, for, as I have explained elsewhere, they had had their lesson. There was, of course, the usual and legitimate personal opposition. I have no definite knowledge of how far the disgruntled trustees carried their opposition.

One very mysterious occurrence, significant in its relation to the later revelations of corrupt methods employed at that time and later in the District Attorney's office, is perhaps worth recording here, though nothing came of it. I made very careful memoranda at the time, which I quote in full as follows:

On July 29 architect Mr. M. called on me. He told me that he thought there was an indictment against me in the office of Pelletier, the District Attorney of Suffolk County. He said he had a friend who he thought could help me about it, that he was going to see him, and that I should hear later how he came out. This seemed all very strange to me, although I realized I had not acceded to great political pressure to give my consent that Mr. M. should be appointed by the Board architect for the Metropolitan State Hospital. I almost accused Mr. M. that he was building this indictment up with his friends to force me to agree with the other members of the Board to his being appointed architect. He denied any connection between the two and said he was only showing me that he was my friend.

At 3 o'clock the same day he telephoned to say that some one had seen Pelletier; that he, Pelletier, was willing to talk things over with me on Thursday or Friday following; that he had talked things over with Pelletier and explained to him what the opposition had tried to do before, and Pelletier had told him that the opposition doctors had employed Dan Coakley to represent them (Pelletier and Coakley were later disbarred under charges of blackmail).

On Friday morning, July 31, Mr. M., the architect, called at my house with his friend G. and said they had fixed everything up, but that Pelletier had gone away and they were not sure that he had arranged matters, so they were going to see the assistant district attorney, McIsaacs. I told them I wanted the opposition to push the indictment, that I expected such performances, and that I intended to put who ever was at the bottom of it in jail.

No amount of questioning elicited what the charges were. M. and G. always said the indictment was secret and they did not know; and I insisted the charges be pushed and made public, saying that I knew of nothing I had ever done which I was not willing should be an open book in court or before the public.

At 4 o'clock that Friday afternoon I received a telephone from M. saying G. had seen McIsaacs at luncheon; that Pelletier had said nothing to him about the case; that he did not know whether it had been withdrawn or not or what had been done about it, but that McIsaacs was returning to his office and by 4.30 would have looked through the papers, as it would take half an hour to do, and I should hear from them again. At ten minutes of 5 I received

a telephone from M.'s office saying he had heard nothing from the district attorney's office. I said I was going to place the whole matter in the hands of Sherman L. Whipple, my attorney, at once. M. and G. called and said, "We do not think it is best to employ lawyers just now." However, I did go immediately to Mr. Whipple, and after hearing my story he called up Pelletier, who denied any knowledge of any indictment against me, but said if he, Whipple, would hold the line he would consult McIsaacs. A few minutes later Pelletier said that McIsaacs informed him that there was an indictment against Dr. Briggs, but if he, Mr. Whipple, was interested it would be pigeonholed and Dr. Briggs would never hear from it again. After Mr. Whipple had failed to obtain any information as to the nature of the charges, he asked who made them, and Pelletier said Coakley represented the doctors who made them. Mr. Whipple then said he was sending me to the district attorney's office. Then after 6 P.M. he wanted Pelletier to assure me I should never hear from the indictment again.

In the meantime Mr. Whipple called up Coakley, who corroborated the fact that he did make the charge or charges and that he represented certain enemy doctors of mine; but now that Mr. Whipple was interested and had entered the case that he, Coakley, would withdraw and he was sure that would be the end of it. I then went to the district attorney's office and was met by Mr. Pelletier, who put his arm around my shoulders and said it all amounted to nothing. He then took me into his assistant's, McIsaac's, office, who also assured me I should never



hear anything more from it, and I never did; but neither of them would divulge the nature of the charges or who was responsible for them.

That evening I received a telephone message from a pay station and M. telephoned me that he had seen G., who had seen McIsaacs, and said that I should never hear anything more from it.

On Monday evening following I was called on the telephone by a Dr. Corr, who gave his address as Hotel Gladstone, Roxbury, who was very anxious to know what councillors I was sure of, saying that he wanted to help me, that he knew the opposition against me, and that he was against the Harvard crowd, and was very anxious to help me with the councillors that I was not sure of.

Being suspicious of him from his own conversation, I told him that I was not sure of any councillors; that I did not even know the names of the councillors; that I hoped they would confirm me, but if they did not I should decide that they must know best and would abide by their decision. He talked for some time after that, trying to find out exactly what I had heard or how I felt about different councillors, and mentioned some of their names, — to all of which I was negative. He said he would call me again if he could do me any good.

On Wednesday evening he called on the telephone to say that he had decided not to speak to one or two of the councillors whom he knew for fear that even bringing up the question in their minds might hurt me, — but wanted again to know if I did not know who I was sure of and who was still on the fence, as it were. I told him that I could give him no infor-

mation, and have heard nothing further from him since.

I am fortunate in having copies of some of the letters written to Governor Walsh by my friends at this time. Ex-Senator Melvin S. Nash, who had done such devoted service on the Committees on Public Institutions and Ways and Means at the time my bills to regulate restraint and to provide instruction in therapeutic occupations were before these committees, wrote as follows:

BOSTON, MASS., July 28, 1914.

To His Excellency the Governor, Hon. DAVID I. WALSH, *State House, Boston, Mass.*

DEAR GOVERNOR WALSH: — I understand that you are about to appoint the new State Board of Insanity and that you are considering as one of the members of that Board Dr. L. Vernon Briggs of Boston.

I wish most strongly to endorse Dr. Briggs for that Board. He is a man of the highest integrity, of great skill in his profession as an expert in insanity and one who is especially progressive in his methods of the treatment of the insane. As I have been very much interested in matters pertaining to the treatment of the insane, being one of the Trustees of the Boston State Insane Hospital, I am very anxious to see the best and most efficient men appointed on said Board. Having known Dr. Briggs for more than thirty years, and having come in contact with him very intimately in matters pertaining to the insane, I feel that I can speak with knowledge as regards his qualifications for said Board. He surely will be an honor to the Board and bring to it the most advanced methods of dealing with the insane.

Yours very respectfully,

MELVIN S. NASH.

Dr. Southard endeavored to do what he could to make amends for his earlier doubtful attitude to my work by writing the Governor as follows:

BOSTON, July 28, 1914.

To His Excellency DAVID I. WALSH, *Governor of Massachusetts, State House, Boston.*

DEAR SIR: — It has been suggested to me that I might properly write to Your Excellency concerning the appointment of Dr. L. Vernon Briggs to the reorganized State Board of Insanity.

It can be no secret that there are two parties among those interested in insanity in Massachusetts, — one party in favor of Dr. Briggs, the other party opposed to him. I must confess that personally the majority of my relations in the past have been with the group of men whom Dr. Briggs has always thought were working against his advancement to a position of power in the field of insanity. I also have a number of friends upon Dr. Briggs' side.

I feel that as a paid official of the State and one who might have to work under the new Board, I should perhaps not express an opinion in this matter.

It seems to me that I can appropriately say and could so write in an official report that so far as Dr. Briggs has come into contact with my work as Director of the Psychopathic Hospital, and more particularly as Pathologist to the State Board of Insanity, he has in no way impeded the general scientific progress of the State in insanity. He has in several concrete ways helped to develop the work with which I am specially charged. I will refer especially to the fact that it was largely owing to his influence that two important appointments extending the work of the State Board of Insanity upon scientific lines (assistant to the executive officer and assistant pathologist) were made. I also wish to refer to his work in furthering the matter of medical visitors in after-care work for the insane, which is such an important work in our whole preventive campaign.

I should be glad to give you further information should you request it.

Yours sincerely,

E. E. SOUTHARD,

*Pathologist, State Board of Insanity.*

ALBERT EVANS, M.D.  
409 MARLBOROUGH STREET  
BOSTON, MASS.

To His Excellency the Governor, DAVID I. WALSH.

As trustee of the Medfield State Hospital, it is my pleasurable duty to endorse the work of Dr. L. Vernon Briggs on the State Board of Insanity. And I do so without qualification.

Signed ALBERT EVANS.

On July 30, 1914, the Governor sent to the Council the nominations for the new Boards and Commissions under the wholesale reorganization which took place in the State departments that year, and among others my own and those of the two other men who were to form the new Insanity Board. Of these appointments the "Boston Globe" of the following morning says:

## SERVICE ON UNPAID

## STATE BOARD OF INSANITY

Michael J. O'Meara, Worcester, chairman, 3 years.

L. Vernon Briggs, Boston, 2 years.

Charles E. Ward, Buckland, 1 year.

## Mental Disease Experts

In Dr. O'Meara and in Dr. Briggs the Governor has found two experts in mental diseases. Dr. O'Meara is chairman of the present State Board of Insanity and Dr. Briggs is also a member. Senator Ward has been this year Senate chairman of the Ways and Means Committee and in the House was a member of the same committee. He presided at the long hearings held this session on conditions at the various insane, correctional and charitable institutions.

The Governor considered the interests of the State also in a geographical sense, it appears, as Dr. O'Meara comes from Worcester, Dr. Briggs from Boston and Senator Ward from Buckland, which is in Franklin County.

After hearing the nominations the Council voted that they be laid over until next meeting, which is now scheduled for August 12.

. . . . .

## Board of Insanity

Dr. Michael J. O'Meara of Worcester was first elected chairman of the State Board of Insanity in April, 1913, to succeed Dr. Herbert B. Howard of Boston, whose term expired in the previous year. Formerly he was the city physician of Worcester.

Dr. L. Vernon Briggs, already a member of the State Board of Insanity held a term ordinarily due to expire in 1918. He is one of the foremost exponents in the country of the theory that insanity is, in most cases, curable if taken in the incipient stages. The observation hospital at the Boston State Hospital is the direct outcome of his efforts. He is a member of many medical societies and has been president of the medical staff of the Boston Dispensary and a trustee of the Sharon Sanitarium.

Senator Charles E. Ward of Buckland, a third member of the new Insanity Board, came to the State House directly from the farm. Having been a member of the State Board of Agriculture, the new Representative was placed on a committee germane thereto. Then he went on through the Committees on Education, Federal Relations, Ways and Means and Rules. In time he became a Senator and is distinctly a Legislative friend of equal suffrage.

Most of the other papers made similar statements, but it was clearly shown that the old feeling was not dead. The same day the "Boston Herald" contained

the following editorial comment among other criticisms of the Governor's appointments:

The Governor has made an egregious error in his selections for the new Insanity Board. To be sure, both of the objectionable appointees — L. Vernon Briggs and Michael J. O'Meara — have been appointed before, but they have not till now been a majority of the Board or had that completeness of control which the new law gives them. Massachusetts today stands at the head of American States in its intelligent care of the insane. This is shown in the very promising Psychopathic Hospital experiment, and in the out-of-door colonies growing up elsewhere. What will become of the great establishment if the Council confirms Mr. Walsh's selections may prove an exceedingly interesting question.

Lieutenant Governor Barry came out at this time in active opposition to the Governor's appointments. The "Boston Herald" of August 5, 1914, under the caption "Walsh faces Big Fight on Nominations," says of the special nominations for the State Board of Insanity:

The war on Governor Walsh's nomination list which he sent to the council Thursday is opening in a lively fashion.

. . . . .

The decision of the Lieutenant Governor to fight is now established, no matter what the conditions which formerly existed.

. . . . .

The insanity experts have started on Dr. Vernon Briggs as a member of the Insanity Board. It is in fact a fight along the entire line.

The present surmise is that the best to be hoped for on Thursday is a postponement without prejudice to the week following. There are some who fear the Governor is apt to lose some on a vote at first hand.

Yesterday he was informed of the position of Mr. Barry with regard to the nominations, and his only reply was that in so acting Mr. Barry was wholly within his rights, and that he had nothing to say to the contrary.

#### SAY LIEUTENANT-GOVERNOR BARRY RENEGED

There are members of the Walsh inner circle who tell a story that in making war Mr. Barry is going back on a pledge which he voluntarily gave three weeks ago.



But on August 6 the nominations were confirmed. The "Herald" of the following morning says:

The expected opposition to the confirmation of several of Governor Walsh's recent appointees to important posts in the Governor's Council resolved itself at yesterday's meeting of the body to dissension by only two members and the consequent acceptance of every nominee.

Lieutenant-Governor Barry and Councillor Guy were the dissenters, and, although they succeeded in having the appointment of Senator Ward of Buckland to the new Board of Insanity laid on the table temporarily, reconsideration and confirmation was voted by a majority of the councillors.

Governor Walsh, as is his custom, withdrew during the discussion. The debate was brief, however, and the names went through, one after the other.

The new Insanity Board is Dr. Michael J. O'Meara of Worcester (chairman), Dr. L. Vernon Briggs of Boston and Charles E. Ward of Buckland.

The new Economy and Efficiency Commission consists of Francis X. Tyrrell of Chelsea (chairman), Thomas W. White of Newton and Russell A. Wood of Cambridge.

But the "Boston Evening Record" took the opposite point of view:

JULY 31, 1914.

The Board of Insanity under Messrs. O'Meara, Briggs and Ward ought to be equal to the demands upon it. Dr. Briggs does not receive the chairmanship, this going to the old Board chief, Dr. O'Meara; but public interest in the Board will center about Dr. Briggs, nevertheless, who as member of the new Board securely placed may have some suggestions of broad public importance. Senator Ward of Buckland receives the place for which public understanding of the situation long ago cast him.

The following day, August 1, the "Herald" published this article:

AUGUST 1, 1914.

STATE HOSPITAL TRUSTEES RESIGN.—NEW LAW OBJECTIONABLE AND ENTIRE BOARD EXPECTED TO QUIT.

The resignations of all the trustees of the Boston State Hospital are expected within a few days as the result of the entire change in the duties assigned to the trustees under the new law which goes into effect today and which centralizes the control of the State hospitals of the insane in the new Board of Insanity. Under the new law the trustees claim that they lose practically all their power, but have added responsibilities.

Dr. Walter Channing, chairman of the trustees, said last night that he had

resigned. Mrs. Guy Lowell, one of the prominent members of the Board, also said she has resigned, and declared that she would not be surprised if all seven members of the Board quit.

#### Decline to Tell Plans

Lehman Pickert and President Henry LeFavour of Simmons College, others of the trustees, refused to state whether or not they intend to resign, but admitted that they are not pleased with the new law.

Members of the Board said last night that the new plan of managing the State hospitals of the insane has not met with much success in New York. One of them said: "The new law is very clear in stating that the trustees hereafter are only inspectors or visitors. They must put more time into their investigations than before, and then, when they turn in their reports, they are not sure that they will even be read."

Dr. Channing, when asked why he had resigned, said: "I resigned from the chairmanship of the Board of Trustees of the Boston State Hospital two or three days ago. Under the new law, which centralizes the control of the State hospitals for the insane in the Board of Insanity, my duties as chairman and those of the trustees are entirely changed. While some responsibilities remain, under the new law I have no power, and from my point of view it is impossible to continue to perform the service in a way that would have been satisfactory."

#### Mrs. Lowell's Resignation

Mrs. Lowell said she had resigned before Dr. Channing's resignation was made public, for the same reason as he gave. "I did not feel that I could continue as a trustee under this change," said she. "I have just resigned, and there is nothing more that I care to say about the matter at this time."

Lehman Pickert was asked if he intended to resign. He replied: "I shall abide by the decision of my colleagues. If the privileges and rights of the trustees are circumscribed I probably shall not care to serve longer as a trustee."

The other trustees are Michael J. Jordan, Mrs. William H. Devine and ex-Senator Melvin S. Nash, who, according to one of the Board, intend to resign.

Dr. Channing endeavored to take the whole Board with him when he resigned, according to Mr. Nash's statement to me, but he was unable to do so. In point of fact, Mr. Pickert and Mr. Nash remained loyal to that Board until they died, some years later; while Mr. LeFavour and Mrs. Devine are still —

fourteen years afterwards — members of the Board of Trustees of the Boston State Hospital, having proven that they considered their humane duties to the unfortunates under their supervision more important than political pique. Similar developments have been shown in other hospitals.

More trustees' resignations followed. Governor Walsh determined to be master of the situation, and called all the State hospital trustees to a conference in his office on August 10, 1914. This unusual proceeding was criticized at some length in all of the daily papers in Boston. The "Post" published an article on the following day, which began with this paragraph:

AUGUST 11, 1914.

TRUSTEES REBUKED BY WALSH. — TELLS THEM TO RESIGN IF THEY CAN'T OBEY LAWS FOR INSANE

At a conference with the trustees of the insane hospitals of the State held in the executive office yesterday, Governor Walsh said that he would ask the members of all Boards who were not in sympathy with the new laws governing the regulation of the insane institutions to resign.

The "Globe" gave a full account of the meeting, as follows:

TUESDAY, August 11, 1914.

TRUSTEES TALK WITH GOVERNOR. — CARE OF STATE INSANE UNDER DISCUSSION. — RESIGNATIONS FROM BOARDS ARE FREQUENTLY HINTED AT. — TERMS OF THE NEW LAW ARE WIDELY CRITICIZED

"Resignation" was a word called into fairly frequent use at the conference in the State House yesterday afternoon between Governor Walsh, the new State Board of Insanity and more than 40 trustees of institutions for the insane in the State. It was charged that there has been a movement to secure "wholesale" resignations from the trustees as a form of protest against the reorganization act passed by the Legislature.

One trustee — Fred H. Williams, chairman of the Board at the Medfield State Asylum — stated frankly that he prepared his resignation last week because he felt he could not perform the additional duties imposed upon him.

He withheld the resignation, however, when Governor Walsh called this conference, out of respect for the Chief Executive.

The Governor himself talked plainly to the trustees. After several of them had picked flaws in the new law and expressed doubt as to what some of its provisions meant, he stated that he had learned that certain persons were seeking to criticize the law on trivial grounds. He admitted that perhaps the act was not as lucid as it might be, but said that any doubtful question may be taken to the Attorney General for a legal opinion.

### Question of Responsibility

Just before the conference adjourned Governor Walsh said, after thanking the trustees for their attendance: "If any trustee does not intend to perform his full duty under this new law to the best of his or her ability, it is his or her duty to resign. I feel, however, that each one of you will do your best to help these unfortunate people who cannot help themselves, and will all work in unison."

One of the differences of opinion regarding the effect of the new law, between Governor Walsh and certain of the trustees, was the question of responsibility. The Governor said that formerly the trustees were practically the owners of the institutions, holding title to the property, and being legally responsible for what transpired.

Therefore, he argued, their responsibilities — although they may not have lived up to them fully in times past — were far greater formerly than they are now under the new act.

### Duties are More Closely Defined

On the other hand, certain trustees declared that their duties will be far greater in the future, since they are more closely defined than in the past. They cited the requirement that every death and accident in their institution must be personally investigated by the trustees.

Dr. M. J. O'Meara of Worcester, Dr. Vernon L. Briggs of Boston and Senator Charles E. Ward of Buckland, who constitute the State Board of Insanity and assumed their duties yesterday, were attentive listeners, but did not take part in the discussion.

At the opening, Governor Walsh outlined briefly the purposes of the new law, spoke of the difficulties of the Executive Department in treating the problem and asked for the honest co-operation of the trustees.

"Whatever the defects in the law may be," he said, "the people have made it through their authorized body, the Legislature, and it is a law. In case any trustee feels that he or she cannot co-operate to carry out its provisions, it is his or her duty to resign and make way for others who will work harmoniously.

### Purposes of the Law

"I receive in the Governor's office from 25 to 100 letters a day telling of all sorts of alarming conditions in our institutions — letters from inmates,

former employees, relatives of inmates and others. The Governor is responsible for the proper care of 16,000 insane people, and there has not been a single paid official in the State House to whom he could refer those complaints. Not all such complaints have been unfounded.

"There are many arguments in favor of a central State Board of Insanity, to whom the families of inmates may go. The trustees should be the defenders of the inmates, and under the present law the trustees are the only authorized persons to enter these institutions and make impartial investigations and report to the State Board.

"If you hire your own superintendent and attendants you are bound to defend them if complaint is made against them, but if you have nothing to do with their selection and they are found at fault, why then you, as trustees, will have no hesitation in insisting that they be dismissed."

#### Answers Some Objections

The fact that under the new law trustees have no jurisdiction over the construction of their buildings was a criticism made by Allerton Jones of the Wrentham School. To this the Governor replied that it seemed to him important that such buildings should be as nearly alike as possible in order that patients all over the State may receive equal treatment. In case a building turns out to be unsatisfactory, he said, an appeal could be made to the Governor and Council.

The Governor was applauded when he added: "In the past trustees have not been able to obtain money enough to carry on the work properly. A State Board would be in a better position to get what was needed from the Legislature.

"Some trustees have said they would resign on account of the provision that at least two trustees shall visit their institution every two weeks. That means that each member must visit at least once in eight weeks and it seems absurd to object to that provision. How can you know what is going on in an institution if you do not inspect it at least once in two months?"

#### Criticism of the Law

Francis W. Anthony, trustee of the Foxborough and Westborough institutions, thought the law would impose a great deal of clerical work on the unpaid trustees, and he believed the frequent visits of inspection would be a hardship.

Candid criticisms of the new law were offered by Edmund W. Whitman, trustee of the Gardner institution. He insisted that the Governor was wrong in his premises that the new law took away rather than added to the trustee's responsibilities. A busy man, said Mr. Whitman, cannot find the time to make an inspection every two weeks.

The Governor was plainly exasperated at Mr. Whitman's insistent criticism of the new law's wording, and after answering several of the trustees' questions, he said: "I interpret your attitude as trying to place obstructions in the way



of the working of this new law. You are attacking the letter and not the spirit. Any trustee that is not willing to wait until the new Board has had a chance to study this law and interpret it should relieve himself of his responsibility as a trustee."

#### Kept in State of Unrest

John B. Turner of Bridgewater created a stir when, after expressing regret that the conference had taken the turn it did, he declared that bad outside influences "in times past have reached down from the Executive Department," have been at work against the trustees of the State institutions and "have kept us in a continual state of unrest."

Mr. Turner then took a letter from his pocket and read it to the Governor. The letter was from a Boston physician and was addressed to an inmate, whom Mr. Turner described as "dangerously insane" at Bridgewater.

"You will be gratified to know," the letter ran, "that Bridgewater is soon to be investigated." There were also references to "murderous attendants and officials" and the letter closed with the statement that "I congratulate you upon your possible early release, or escape, from one of these hells of the Commonwealth."

After the conference Governor Walsh held a short reception and received the assurances from many of the trustees of their intention to co-operate with him and the new State Board.

Most of the trustees remained in their positions and soon became accustomed to the new law, which still left them the most interesting part of the work to be done for the institutions, though it deprived them of the practical ownership of the buildings and grounds and the local prestige attached to such ownership.

Letters of congratulation began to pour in upon me, though most of my friends had had little doubt of my reappointment. These congratulations came from people in various walks of life. I select from many the following:

COMMONWEALTH OF MASSACHUSETTS  
INDUSTRIAL ACCIDENT BOARD

JULY 31, 1914.

DEAR DOCTOR:—Hearty and sincere congratulations! You now have the chance to do the work so long needed.

Cordially,

EDWARD F. MCSWEENEY.

(Mr. McSweeney had himself just been appointed by Governor Walsh as chairman of the Board of Directors of the Port of Boston.)

MOTOR BOAT "FAUST," NAHANT HARBOR,  
July 31, 1914.

Dr. L. VERNON BRIGGS, *State Board of Insanity, State House, Boston, Mass.*

DEAR DOCTOR:— Please accept my sincere congratulations and best wishes for a successful administration.

I know that Dr. LaMoure will be pleased to read today's paper.

Very respectfully,

WILLIAM E. ELTON,  
176 Harvard Street,  
Dorchester Center, Mass.

N.B. — Some time I would like to talk with you about the editorial in today's "Herald."

W. E. E.

(William E. Elton was steward of the Boston State Hospital.)

NORTHERN SPRUCE DAIRY FARM,  
GRAFTON, MASS., July 31, 1914.

L. VERNON BRIGGS, M.D., *Boston, Mass.*

MY DEAR DOCTOR:— I note with pleasure your reappointment to the Insanity Board. Please accept my congratulations, in which my son also joins. He is fulfilling all the expectations that you and I thought he would. He joins me in the above sentiments.

Hoping you are well, I remain,

Very cordially yours,

D. B. HALLETT.

(*Late President of the Boston National Bank.*)

CHARLES F. CAMPBELL  
COUNSELLOR AT LAW

314 MAIN STREET, WORCESTER, MASS., July 31, 1914.

L. VERNON BRIGGS, M.D., *State House, Boston, Mass.*

DEAR DOCTOR:— Allow me to extend to you my hearty congratulations on your appointment to the new State Board of Insanity. The appointment is well deserved, and the State is to be congratulated on securing the services of so able a man for this important commission.

## BOARD OF INSANITY

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With best wishes for your success in your new work and with hearty and sincere congratulations, I am

Very truly yours,

CHARLES F. CAMPBELL.

AUGUSTA, MAINE, August 2, 1914.

Dr. L. VERNON BRIGGS.

DEAR SIR:— I congratulate you on your recent appointment on the Insanity Board, which will prove of great benefit to humanity. I shall return to Boston about the middle of August; I will, as you requested, acquaint you with many conditions existing at Worcester which I think will be beneficial to you in your new appointment. Miss Jarrett is to procure employment for me on my return, and she will keep my address after that time, if you wish to see me regarding the same.

Thanking you for your kindly interest,

Sincerely yours,

ANNIE L. HANLEY,  
Augusta, Maine.

BOSTON, August 7, 1914.

DEAR DR. BRIGGS:— If I am correctly informed, congratulations!

Faithfully,  
EVANS.

(Albert Evans, M.D., trustee of Medfield State Hospital.)

972 RIVER STREET, HYDE PARK, MASS.,  
August 8, 1914.

Dr. BRIGGS.

DEAR SIR:— I desire to congratulate you on your appointment and confirmation to the new Board, in the face of much opposition. I am sorry you were not given the chairmanship, but still you are now where you can be a great power for good.

Strike, and may your arm be strong!

Sincerely yours,

H. J. McLEAN.

512 BARRISTER'S HALL, BOSTON, MASS.,  
August 7, 1914.

DEAR DOCTOR:— Just a word to thank you for your interest in the matter of R. H.'s transfer to Austin Farm and to congratulate you on your appointment.

Sincerely yours,

WILLIAM L. F. GILMAN.

BOSTON, August 9, 1914.

Dr. L. VERNON BRIGGS.

DEAR SIR:— Please accept my congratulations upon your confirmation as a member of the new Board of Insanity and best wishes for a successful administration.

About a month ago I very strongly advocated your appointment to Governor Walsh, stating that your services would be of inestimable value to the State.

If at any time I can be of assistance to you, do not hesitate to call upon me. I would like to have some connection with the Board if possible. Have valuable knowledge of the inside workings of institutional life, based upon three years' experience in the premises.

Respectfully yours,

755 BOYLSTON STREET.

WILLIAM E. ENGLISH.

AUGUST 8, 1914.

DEAR DOCTOR:— Congratulations on your quick confirmation. I returned today from New Hampshire and shall be back at my desk the first of next week. I enclose bill covering work performed in July.

Sincerely,

CHAS. A. SOUTHWORTH,  
*Assistant Executive Secretary.*

JAMES M. W. HALL  
101 MILK STREET  
BOSTON

AUGUST 12, 1914.

DEAR DR. BRIGGS:— I congratulate the State on your appointment as executive secretary of the Board of Insanity. A more fitting selection could not have been made, and your familiarity with the duties of the position and the very important relations you will sustain to other similar bodies throughout the country will make your position even more influential than if you were chairman of the Board.

This whole matter has come out splendidly in the complete vindication which you have received and no one of your friends is more pleased with the result than I am.

If I am not there personally to assist in matters of reform, I shall be glad to feel that you are there, guiding, and that some of the flagrant wrongs which have been tolerated in some of our asylums and hospitals will hereafter be remedied so far as possible.

With you as executive secretary and a larger appropriation for a better class of nurses and attendants, and the colony type rather than the congregated methods, will be great steps forward in the line of reform and progress.

If I am not by your side visibly, you may be sure I shall be in spirit rejoicing over what I believe is to be a very successful administration.

Yours very truly,

JAMES M. W. HALL,  
(Retiring Member of the Old Board.)

Dr. L. VERNON BRIGGS,  
64 Beacon Street, Boston, Mass.

"The Boston Medical and Surgical Journal" was willing to give us the benefit of a doubt, which they nevertheless did not hesitate to express. I quote from the issue of August 6, 1914:

#### THE NEW BOARD OF INSANITY

The Governor has sent these names to the Executive Council as members of the Massachusetts State Board of Insanity under the law recently passed by the Legislature reorganizing the Board: Michael J. O'Meara, M.D., Worcester, chairman; L. Vernon Briggs, M.D., Boston; Charles E. Ward, Buckland.

The two physicians on the Board were members of last year's Board, which was so notoriously inharmonious that reorganization became necessary. Senator Ward drew the bill, but has had no experience in directing the care of the insane. Already the provisions of the law removing from the trustees of the different institutions which are under the care of the Board the control of these hospitals have resulted in several resignations of trustees who have given many years of trained service to the State, and more resignations will follow when there is a general appreciation that the trustees will, in future, have only an advisory function. The new Board is burdened with almost superhuman duties of detail. We trust that it may find itself equal to them. In the past Massachusetts has been fortunate in its unpaid boards of insanity, containing often the foremost alienists of the State, and the reputation which has been built up through the years for sound and progressive administration of the institutions in their charge has placed the Commonwealth in an enviable position before the world. The new law makes a radical departure in methods.

We hope that the appointees of the Governor, who are to devote their entire time to the work and receive a salary, may develop a high order of team work, may keep politics out of the management of our insane hospitals, and may not stray too far from the path blazed by their public-spirited unpaid predecessors. The "Journal" will be ready to applaud their successes and to condone such failures as may be due to an excess of zeal.

"Practical Politics" gave me a full page of unconditional support, illustrated by my portrait:



## L. VERNON BRIGGS

**Alienist appointed by Governor Walsh to the New Board of Insanity, One of the Foremost Practitioners of Mental Surgery in the United States and One of the Most Progressive in the World**

Massachusetts today stands forth as one of the leaders of the States of the Union in the care and treatment of its unfortunate insane and mentally deficient. Further than that, the Commonwealth has, in the past few years, made rapid strides in the direction of preventing insanity, and to no man in the public service of the Commonwealth is due more credit for these conditions than to Dr. L. Vernon Briggs of Boston, the noted alienist.

Dr. Briggs has been appointed to the chairmanship of the reorganized board of insanity by Governor Walsh, this being one of the greatest tributes ever paid to a Massachusetts man by any State Executive. The reorganization itself was a tribute to him, for it was undertaken expressly to do away with the old methods of dealing with the mentally ill and to substitute for them the policies Dr. Briggs has been advocating for years.

As a member of the new Board Dr. Briggs was unanimously elected its executive secretary and immediately began forming policies for the new Board along the lines of the paper he read over a year ago before the American Psychological Association, at its convention at Niagara Falls, on the "Problems with the Insane." These include the organization of an out-patient department to every State hospital, having the hospitals reach out into the communities, and try and stop the tide by establishing clinics in the different cities for prevention and after-care; also that the standards shall be raised from physicians to the food, and that the buildings themselves in the future shall be standardized. It is his policy to establish ideal training schools for nurses that the Board has adopted. He also seeks to readjust the population of the hospitals and place the patients in their own districts. Another reform he would inaugurate is that the hospitals be opened every day of the week to the friends of the patients and to the public generally, to the end that nothing may be secret or mysterious.

The latest step that is about to be taken in this direction is the establishment of a social service system which will make the work in insane hospitals more uniform and effective, and will do more than anything else that has been yet proposed for the prevention of insanity and the after-care of the insane. This idea was first proposed to the Board by Dr. Briggs.

It was Dr. Briggs who persuaded the late Mayor Hibbard of Boston to introduce a bill, while chief executive of the city, for the taking over by the State of what is now the Boston State Hospital. This act made possible the accomplishment of the Psychopathic Hospital, which might not be in existence today had it not been for the work of Dr. Briggs.

The act resulting in the creation of the observation hospital in connection with the Boston State Hospital laid down the law that an insane person found on the streets should be treated as an ill person and not as a prisoner, as had

been the case previous to the enactment of that act. Now mentally ill people are sent directly to the observation hospital, instead of to the police station and tombs.

Dr. Briggs was also the author of the bill which is now law, which regulates the restraint in the insane hospitals of Massachusetts, making the head physician personally responsible for the treatment of the insane at his institution.

He is also author of the law which provides for the employment of instructors in our insane hospitals for the purpose of teaching nurses and attendants how to occupy their patients instead of allowing them to remain idle around the wards. This act has done an immeasurable amount of good.

For some time now Dr. Briggs has been ardently advocating a new metropolitan hospital for the mentally deficient. The Legislature this year saw the wisdom of the plan and enacted a law authorizing the taking of land for the purpose. There are three thousand metropolitan patients distributed throughout the State. If these were brought back into the Metropolitan district where their friends could visit them without expense and loss of time it would be a great benefit, while it would simultaneously relieve every other hospital in the State of many patients, making room for patients in their own districts.

Today there are 1,200 feeble-minded waiting admission to our institutions, but there is no room for them. Many of these are cases that could positively be cured.

Another serious problem in connection with the care and treatment of the insane is brought up by the accumulation of the unrecovered insane in State hospitals, which has become a matter of deepest concern. The cost of caring for these hosts has risen until it has become one of the biggest items of expense in the State.

Dr. Briggs has proposed an organized social service and by that means placing back into the community patients enough in one year to more than pay all the expenses attached thereto. Hundreds of patients have the utmost difficulty in re-establishing themselves as self-respecting members of society owing to the prejudice against persons who have admitted that they have spent preceding months or years in asylums. Social service workers would remedy this by giving medical guarantees.

Dr. Briggs believes that our State hospitals should continue to develop their standards of work and make their patients still more comfortable than at present. The teeth and the feet of the patients, he believes, should receive more attention; and he thinks the best system is for a dentist to give full time to each institution until every patient has received such treatment as would be accorded him or her outside an institution when in the hands of a dentist.

Dr. Briggs believes that there should be two courses given in each hospital that has training schools, a short course for the attendants which would cover the subject of all necessary duties; also occupational and kindergarten work, with examinations; that during their course they should receive a low

wage, but if they pass the examinations their wages should be commensurate with their ability. There should be a training school for nurses of not less than two years, with a course at some general hospital before graduation. These nurses should be of high grade and character, and be obliged to pass an entrance examination. They should receive a low wage during study period and a distinctly higher wage than they now receive after graduation. The nurses should be in charge of the attendants and should otherwise be employed actively in the infirmary ward, the admitting ward and on terminal cases; they should have their own little dining room and live in quarters, and a different uniform.

Dr. Briggs believes that no institution should be so large that the superintendent cannot see all the cases and have proper supervision of each individual. He believes that every hospital should have an efficient medical staff, who would spend most of their time on the wards.

All of these plans advocated by Dr. Briggs are based on his experience in treating insanity. No alienist in the country stands higher with his contemporaries than does Dr. Briggs. He is a member of the Massachusetts Medical Society, the Boston Society for Medical Improvement, Boston Medical Library, American Medical Association, Suffolk District Medical Society, National Hospital Association, American Medical Society, American Medico-Psychological Association and the Massachusetts Society for Examining Physicians, being one on the executive committee. He is also a member of many other bodies, medical and humanitarian.

He is a graduate of the Virginia Medical College and has written many works, and is the author of many papers dealing with insanity, its symptoms, its treatment and its care. He was at one time director of the New England Hospital for Women and Children.

My next and last volume of the history of the care of the mentally ill in Massachusetts will show what was accomplished by the new Board of Insanity of three members, all paid to devote their entire time to the work.

This coming volume I believe will prove that the work I did in fighting the old guard, in breaking down their obstinate opposition to progress, and in patiently submitting to their insults and persecutions as well as those of many of their friends and their friendly newspapers, was worth while. I have been rewarded by seeing the reforms and progress made

in the care of these thousands of unfortunates while I was on the new Board, and the continued progress, much of which has been made possible by laws proposed and passed while I was a member of the new Board, and some that have been passed since, which have received my warmest approval and support.











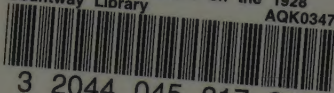


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